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MARYLAND MEDICAL JOURNAL

A WEEKLY JOURNAL OF MEDICINE AND SURGERY

Volume XXXIII.

MAY, 1895—OCTOBER, 1895.

BALTIMORE:
MARYLAND MEDICAL JOURNAL PRINT,
209 PARK AVENUE.
1895.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 1. BALTIMORE, APRIL 20, 1895. WHOLE NO. 734

ORIGINAL ARTICLES.

MODERN SANITARIUMS; THEIR METHODS AND ADVANTAGES.

By Edward Morton Schaeffer, M. D.,
Baltimore.

A RECENT number of the MARYLAND MEDICAL JOURNAL, in speaking of the imminent decline of the Medical Society in Baltimore, among other good reminders says: "There are many things that help a medical society, and one is intelligent discussions, not so much diffuse book-talk which the speaker has crammed up according to the card before coming to the meeting, but results of actual experience. What is needed at medical societies is not so much quotations from well known and familiar authors as results of unrecorded observations and experience. A man may see few cases in a year, and yet may have such keen powers of observation and such an ability for classifying facts that his remarks are worth much more than the busiest blind man's.

"Do not drag out the evening with useless historical references and long quotations. It is just as well for the reader to know that most of his hearers have heard of Hippocrates and Galen and let them rest in their graves. A good article is often spoiled by the fact that the writer thinks it necessary to take a survey, unfortunately often too lengthy, of the whole history of medicine from its earliest beginnings."

It will not do then for a brother editor to yield to the temptation which the love of men and letters brings—not so often perhaps as the love of cramming, in medical papers—though in the case of hygiene and sanitation it is a long distance but a very easy transition from the code of Moses to the best thought and treatment of the present day. (If Moses made any "mistakes" of the Ingersoll type, the chief one, it seems to me, was in not securing a royalty on the whole contagious germ family—certainly so far as the privilege of naming or destroying them was concerned—for he might easily have traded in his foreknowledge of modern bacteriology, as shown by his methods of meeting contagion, and relieved his name and nation of some subsequent odium from flippant and unscrupulous money-getting wit.) "This Hebrew," says a writer, "in the midst of absurd theories and illogical and uncertain practice and general ignorance of hygienic matters, suddenly appears, and changes the entire aspect of medical science. He originates an entirely new system of theory and practice, completely subversive of, and indeed totally opposed to, the prevailing plans. He departs widely from the undeviating usage—that of therapeutical or curative medicine—followed not only by the Egyptians and other nations of antiquity, but by others of a much later day; and substitutes for it the more philosophic and wiser hygienic or preventive method. He gives to the world a health-code without a tinge of the ab-

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surdities of necromancy, superstition and astrology, then so prevalent . . . a well-defined, condensed and pointed epitome for the prevention, arrest, and ultimate stamping out of that class of ailments which have most afflicted mankind in all ages, namely, contagious diseases. Renouard tells us that even the Hippocratic collection, a thousand years after the supposed date of the Egyptian encyclopedia, or Hermetic Code, does not present so complete and methodical a system; proving that, thus far, hygiene had not progressed."

There seems to be some natural antipathy between a man of letters and a man of drugs, between broad and general culture and over-devotion to the apothecary's ointment, between the man who is more than a "monarch of some little isle of expert knowledge" and the state of pharmacomania. Dr. Rush of Philadelphia was such a man, "eminent as a physician, but distinguished as a philosopher and a scholar. He paid little regard to the name of a disease, and founded his treatment on its nature and the condition of the system. By this course he reduced his materia medica to a few active medicines, and so prepared the way for the simplification of remedies that has been accomplished since his day."

Dr. James Jackson, one of the founders of the Massachusetts General Hospital, was an another illustration and contemporary with these men was our own Nathan R. Smith, whom the same critic characterizes "as a sound observer, who having enfranchized himself from the bonds of authority, delighted to study nature with his own eyes, and was not afraid to follow where she led." When we erect monuments to the great of our profession, let us see that he whom we are proud to call the Emperor has his place in enduring marble or bronze.

No worthier name has been inscribed on the temple of Hygeia than the one last placed there, that of the ever to remembered Oliver Wendell Holmes, to whom so graceful a tribute from one of our honored members, himself so fit a critic, has recently been paid.

Dr. Weir Mitchell, who stands *facile princeps* as an exponent of these larger views of the art of healing, has pointed out that the best cure for the evils of civilization is a return to the health-giving conditions of barbarism, or the ancestral acres of Hygeia, where nature and nature's elements soothe the repentant sinner or self-sacrificing victim and erase the record of dissipation, excess and violated law.

In what follows, I shall aim to condense my experience of about three years in these most hospitable walls, partly as patient, partly as assistant, and point out certain misconceptions which still linger, I find, in some professional minds as to their methods and advantages. For this purpose I select three of which to speak, from these I have familiarized myself. Alighting at one in New York State for the first time six years ago, exausted both physically and mentally, I yielded with reluctance and utter want of faith to a course of baths, invigorating rubs and regulated diet—plain and unstimulating food, very little meat, no condiments, abundance of cereals, etc. The intense irritation and toxic apathy arising from mal-assimilated food reacting on an overstimulated, hence exhausted, nervous system, gradually left and I underwent a hygienic regeneration to which I am indebted for the key to the permanence of my recovery. Without further personal detail, suffice it to say that having seen hundreds of chronic patients similarly recover, who like myself had run the gamut of all that pills, powders and potions given by the most expert hands could promise, added in my own case to a long sea trip, a six weeks' rest cure, and an out-door "roughing it," I shall for ever remain a convert to such sanitarium methods and deprecate the resort to bromides and reputed tonics in lieu of a more rational and effective system of removing debris and rebuilding waste places by natural agencies of depuration and nutrition.

"The real science of medicine does not consist in the treatment of diseases, but in the cause and prevention thereof. In studying the cause and prevention,

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we endeavor to study nature in all her fullness, but in studying diseases and their cure, we seem to forget nature with her indications, and to a very great extent investigate only symptoms. The treatment of disease comes and goes as a fad or as the fashions of dress, while people continue sometimes to recover in spite of so much medication, and sometimes they die from the same cause. The great reason more recover now than formerly is not in the superior drug medication; but in the better knowledge of causes, more attention to and better knowledge of hygiene for the sick home, and a better knowledge of dietetics, and better nursing."

Dr. O'Harra, another writer, says: "If powder, potion and pill were no longer our servants, great as the loss would be, the medical profession would still be left the most exalted part of duty."

Nor is the physiological factor in therapeutics to be ignored by the modern practitioner. The influence of environment and the quiet enforcement of routine, the maintenance of a constant atmosphere of legitimate hope, diversion and sunshine, the kindly, timely ministering to the mind diseased by the physician's presence, in brief, the regulation of the mind and feelings of the afflicted, contribute to recovery in a way peculiar to institutional residence, and is the keynote of success here, as Dr. Mitchell has emphasized it to be in the care of the insane.

I may say in this connection that combining the experience which has come to me from sanitarium life, which suggests by the class of patients taken a family hotel or summer resort where the social elements, under thorough control, are at their best, and my work among the feeble-minded and insane, it seems to me that the next great advance among the latter will be the introduction of sanitarium methods of treatment, with a most decided gain in the percentage of recoveries. Rest, better feeding, hydrotherapy and massage, added to light occupation and exercise, will meet the majority of indications, and give the pharmacist leisure time to become an expert in applied dietetics and the remedial use of hot and cold water. Dr. Cowles of Somerville justly regards his two gymnasiums for men and women, in care of a specialist, as indispensable features in the treatment of most patients from the better walks of life, and his Turkish bath facilities, added to the cottage plan of the buildings, easily place the McLean Asylum foremost among progressive institutions of its kind.

While seeming to wander from my theme, I have been really indicating the natural therapeusis of sanitarium life. Sanitary and sanatory are the rival adjectives from which we must choose our nomenclature. *Chacun a son gout.*

"Water as a remedy is at once the most ancient, the most universal, the most flexible and the most potent of all therapeutic measures" and one of the most agreeable and most innocent. "The basis of its physiological action is more clearly defined and more susceptible of proof than that of most known drug remedies." Among the sixty-odd varieties of treatment by baths, inunctions, electrical applications, etc., at the first institution which I notice, may be emphasized the Molière baths, the roof-life and the psychological training. The Molière is a thermo-electric bath given in a cabinet. It is entirely different from a mere steaming or the ordinary hot-air contrivances. In its general therapeutic effect, the Molière resembles the Turkish, but owing to the combination of electricity with heat, perspiration is induced at a lower temperature, and with less taxation to the system. Moreover, in the Molière, the patient breathes the ordinary atmosphere of the room, while in the Turkish, air at a temperature of two hundred degrees is sometimes taken into the lungs, which in some cases is undesirable. The claims made for this bath are: First, its remarkable power to equalize the circulation, making it of special value to those who suffer from congestion and inflammation of internal organs. Second, its unrivaled efficacy in removing waste material from the system. Thus in neuralgia, rheumatism, gout, catarrh, and malarial affections, it

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is one of the most effective measures of treatment. Again in many organic diseases this bath greatly relieves suffering and often prolongs life, as in Bright's disease. For persons weary and debilitated by care or overwork it is a most luxurious and strengthening bath.

The doctor in charge, who is a graduate of Bellevue Hospital Medical College, and his wife, a graduate of the New York Infirmary for Women, known as the Blackwell College, in response to a recent letter of inquiry, says:

The cost of these baths well built of oak, or black walnut, or cherry, all complete, is $300, and they can be set in any room where you can get a waste pipe from them, and a water supply, together with steam, without danger to anything. I consider the bath to be the best and most effective therapeutic agent in the treatment of all diseases that require depuration, and I consider it more powerful than the Turkish bath really; at any rate it is more usable in the great majority of cases, on account of the fact that the heat is not so enervating, and it agrees with many who cannot take the Turkish, because their head is in the open air. The bath can be run to accommodate many, that is, you can take one after the other as fast as is possible to give them good sweating baths, at blood temperature, and the curious part of it is that people perspire more in what is called the "cool" stage than in the hot. I suppose as we run the bath, one patient following the other, the average temperature is probably 125°, and you remember that steam can be given so as to make it a Russian bath practically, as well as a dry Molière, the head being out and in the free, cool air. I never saw anything in all my practice that would take down the dropsy occurring in cardiac insufficiency and in the edema of Bright's like the Molière. I consider it particularly good where free change of tissue is desired, where increased metabolism is needed, and particularly in congestion of the capillary surfaces of the mucous membranes of the body. In all catarrhal and inflammatory conditions of the intestinal tracts, and congestion of the liver, where to surcharge the capillaries is desirable, I know of no better way than the Molière bath, none that is less enervating.

With reference to the number of general patients—in the last ten years I presume we have treated 5000.

The bath is one that should find its way into many private hospitals and asylums.

The most "thoroughly scientific health establishment" in the United States has a plant embracing some 25 buildings. Physiological, microscopical, bacteriological and chemical investigations are constantly being carried on within its walls. The superintendent is one of the remarkable men of our times, versatile, original, energetic, scientific and eminently successful. A graduate of Bellevue, New York, he has studied in the medical schools and hospitals of London, Paris and Vienna, and has won recognition at home and abroad by his researches on respiration and on methods of precision in the investigation of disorders of digestion. He is also an extensive author and inventor. His study of the causes which are responsible for the growing physical weakness of American women, and his anthropometric work are especially to be commended. He has given us tables and apparatus, now in use at Yale University, the University of Montreal, West Point and elsewhere, whereby to "diagnose accurately the neuro-muscular force of an individual and to give a precise prescription of exercise." May we not hope to see similar work especially in the domain of physiological chemistry, and a more thorough comprehension of the body in health, issuing from our own medical schools, which have every facility for this most valuable research?

When to the conveniences of a hotel and the facilities of a thorough medical equipment are added the *vis medicatrix* of mountain charms, pristine woods, purest of air and water, the wooing of streams, forest and river, then indeed the patient born to wrestle with malicious germs which haunt the low levels of life can look up and take courage. It seems strange that capital has not thus pre-occupied the many favorable loca-

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tions along the Western Maryland Railroad and the picturesque B. & O. Our State has also an equable climate, a diversity of scenery and a richly productive soil. Such conditions are what any physician in large practice seeks for a class of persons, who, exhausted by society and business exactions, or the cares of housekeeping, cannot give the time, or command the conditions at home, favorable to restoration to health. Sanitarium life possesses great advantages for convalescents, or for patients looking forward to grave surgical operations whom the doctor desires to have put in the best possible hygienic condition to react favorably. I recall a case in the private practice of another which succumbed to the shock of a perfectly successful operation of lithotomy, because of a violation of the summer rest enjoined by his adviser. At a properly ordered institution, all the conditions, every detail of regimen, makes for the peace of the guest in a way that no mere hotel or summer resort or country home can ensure.

Furthermore, the educational value of a residence in a strictly professional health cure needs only to be stated to receive the endorsement of every practitioner who deprecates the ignorance and credulity of the "fool multitude" as Dr. Osler calls them, on which doctors work. Says Dr. Osler: "Common sense in matters medical is rare, and is usually in inverse ratio to the degree of education. Clergymen, for example, are notorious supporters of all the nostrums and humbuggery with which the daily and religious papers abound, and I find that the further away they have wandered from the decrees of the Council of Trent, the more apt are they to be steeped in thaumaturgic and Galenical superstition. As the public becomes more enlightened, and as we get more sense, dosing will be recognized as a very minor function in the practice of medicine in comparison with the old measures of Asclepiades. . . . Each class of invalids is trained to reform their unhygienic ways and do works of supererogation healthward." The nervous and neurasthenic learn to live more in their muscles, to select their diet, to conserve nervous energy and cultivate tone; the hypochondriacal and introspective are inspired with a wholesome hatred of drugging and disease; and everybody comes away with the religion of cleanliness for once washed and soaked into them. Very few people take generously to water, and the basis of much ungodliness is dirt. I congratulate the community that at last we are promised an appropriation of $8000 for central public baths.

In conclusion, where will you find the doctor himself taking his needed rest and recreation? Ask the author of "When the Woods are Green," and you will wander far from the madding crowd, if you follow. Who has not learned to feel with the poet:

"The murmur of a waterfall a mile away,
The rustle when a robin lights upon a spray,
The lapping of a lowland stream on dipping boughs,
The sound of grazing from a herd of gentle cows,
The echo from a wooded hill of cuckoo's call,
The quiver through the meadow grass at evening fall,—
Too subtle are these harmonies, for pen or rule,
Such music is not understood by any school;
But when the brain is overwrought, it hath a spell,
Beyond all human skill and power, to make it well."

CHLOROFORM IN GASTRIC AFFECTIONS.—Stadnitzky (*University Medical Magazine*), from his experiments with chloroform administered internally to seven young men, concludes that the drug markedly improves all the functions of the stomach, which fact suggests its value in dyspepsia. In each instance the experiment lasted fourteen days, being divided into two equally long stages, during the second of which the subject was given three to ten drops of the drug three times a day.

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IMMUNITY FROM INFECTIOUS DISEASES.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, MARCH 26, 1895.

By Mark W. Peyser, M. D.
Richmond, Va.

THE theories put forward to explain immunity are numerous. We shall consider. 1. The exhaustive theory. This supposes that the invading microbe takes from the system a substance necessary for its life and growth, exhausts it and it is never replaced; so that germs of a similar kind, seeking to attack the body, can find no means of subsistence. Concerning this theory, Roosevelt of New York says, "It would be hard to believe that this could be the case if provision were only made for the growth and development of some *one species of germ*; but when we are called upon to believe that the majority of mankind comes into the world with a separate and distinct substance suited to the needs of the micro-organisms of smallpox, measles, yellow fever, etc, the imagination is staggered and the reason revolts against such a preposterous idea."

2. The antidote theory supposes that microbes, after entrance to the body, produce a secretion (toxine) which is inimical to their own welfare. Upon it is based the action of antitoxine for diphtheria and tetanus. Reasoning by analogy is here brought into play. The excretions of many, if retained in the body, produce septic intoxication; so the presence of their excretions render the infecting bacteria harmless. This is plausible, but "we know of an organic compound which is not excreted or destroyed by the body within a short time after its introduction into the system." What goes on in the test-tube is not always an index of what occurs in the organism. Pepsin, for example, acts beautifully in the former; but how often have we been disappointed in it in the latter. In the test-tube the excretion product remains; in the system they are carted away as soon as formed.

The third theory may be termed that of the "survival of the fittest." In the contest between the invading bacteria and the body, the weak cells of the latter perish; the stronger survive, increase in power and transmit their strength to their progeny, thus following the law of inheritance. It may be called the congenital resistance of the tissues and cells.

It seems now to be conceded by most authorities that immunity to the infections is due to the presence of substances formed by the metabolism of the cells. Investigations pursued in the past four or five years, notably by Vaughan of Ann Arbor, and Aulde of Philadelphia, have brought to light the fact that the bactericidal action of blood serum is due to nuclein, a phosphorized proteid, formed chiefly by the multinuclear colorless corpuscles. It is non-poisonous and stimulates those organs whose function it is to protect the body against disease. Aronson has, in all probability, recently obtained it from antitoxine. He, by the way, does not place faith in the antidotal action of this.

The production of a leucocytosis may be said to be synonymous with the production of immunity, if the white cells are healthy and are stimulated so as to secrete their nuclein. Leucocytosis exists in all infectious diseases where there is a local reaction, notably in croupous pneumonia. In typhoid fever there is none. Cold water will produce it and thus we have an explanation of the good effects of cold baths. Massage has the same property.

Nuclein when injected does not act as a germicide directly, but stimulates the cells to renewed activity.

Attenuated cultures of microbes or their toxins when injected into a living body, have the power of stimulating the cells. The increased metabolism results in an increase of nuclein, and along with it an increased power of resistance.

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We see then the action of antitoxine (sic), tuberculin, vaccine virus, erysipelatous cultures, etc. Antitoxine has never yet been obtained directly from cultures in the test-tube.

It is probable that one of the functions of the liver is the extinction of bacteria and their products, as noted by Ewing (*New York Medical Journal*, March 2, 1895). Nuclein stimulates this organ and others that have to do with the formation of phagocytosis.

AN INTERESTING SPECIMEN OF HYDROSALPINX.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, MARCH 26, 1895.

By Virginius W. Harrison, M. D.,
Richmond, Va.

I WISH to report a case in order to exhibit to you a very pretty specimen of hydrosalpinx. The case is also interesting because of the variety of morbid conditions presenting. On March 19, Mrs. H., aged 44, was sent by me to the Virginia Hospital to be prepared for a laparotomy for the removal of some growths. The next day I operated, ably assisted by Dr. Hugh M. Taylor, Dr. Geo. W. Ross administering chloroform. The first morbid condition seen was a pedunculated uterine fibroid weighing between two and a half and three pounds. It was attached to the upper portion of the posterior surface of the womb by a pedicle about two inches long and as broad as my two fingers. The pedicle was transfixed with a double ligature of silk near the uterus, the tumor tied off and the stump cauterized with a Paquelin. The next condition engaging our attention was this large and very pretty specimen of hydrosalpinx of the right side, which I have here this evening. Its measurements soon after extirpation were thirteen inches in circumference, six inches in length and five in depth. The adhesions to the pelvis and bowels were numerous, rendering its removal without rupturing the delicate covering difficult. It was successfully done, however, the tube tied and the stump cauterized. The ovaries were found in a degenerated state and removed. In addition to the hydrosalpinx, an intra-ligamentous cyst, about half its size, was found on the right side. Unfortunately, in the attempt to remove it, it was ruptured. The patient is doing well with every indication of recovery, this being about the middle of the seventh day since the operation was performed.

DIPHTHERITIC CONJUNCTIVITIS TREATED BY SEROTHERAPY.—Dr. Jessup recently communicated a report to the *Journal of the American Medical Association* of two cases of diphtheritic conjunctivitis treated by Klein's antitoxine. The first case was that of a boy, aged 19 months, with false membrane on the conjunctivae of both eyelids of the left eye, with a patch on the uvula, swelling of the sub-parotid lymph glands and albuminuria. Three injections were made; the total quantity of the antitoxine used was three grammes. The membrane disappeared in five days without leaving any trace on the conjunctivae, though the only local application used was distilled water. In the second patient, also a boy aged 8 months, there were membranes on the palpebral conjunctivae of both eyes, enlarged glands and a muco-purulent discharge from the nostrils. Two grammes of the antitoxine were used in two injections and the false membrane disappeared in four days. Hayward examined the membranes in both cases and discovered large quantities of the Löffler bacillus. In his opinion the cure was certainly due to the antitoxine, because these cases are generally accompanied with purulent ophthalmia and ocular lesions which are very slow in healing. Coppey of Brussels has also reported a case in a little girl of one year, with severe ocular diphtheria cured in four days after one injection of Behring's serum.

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SOCIETY REPORTS.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD MARCH 26, 1895.

Dr. Wm. S. Gordon, President, in the chair.

The subject for the evening's discussion was a paper on IMMUNITY FROM INFECTIOUS DISEASES (see page 6) read by the Secretary.

Dr. Hugh M. Taylor was surprised by one point brought out and that was that the ptomaines did not kill the germs. He quoted Morris, who said that in some cases of appendicitis the ptomaines are so virulent as to destroy the microbes causing the disease, recovery taking place. The most plausible theory to my mind is the survival of the fittest.

Dr. W. S. Gordon, the President:—When nuclein is given by the stomach, the proteid portion may be acted upon, leaving the phosphorus to be absorbed alone. The good effect of the medicine may be due to the phosphorus, which is a powerful stimulant, as seen in the administration of hypophosphites.

It is an aphrodisiac and also excites the mental functions. He believes that Brown-Séquard's testicular extract and the organic extracts owe their good results to phosphorus. Resorption of the seminal fluid acts as a powerful stimulus, and it is rich in the same element. It is claimed that the adrenals, thymus and kindred glands are engaged in eliminating poison. In leucocythemia, we have an increased number of colorless corpuscles, and yet death is almost certain.

Dr. J. W. Henson: It occurs to me that there are uncertain arguments in favor of the survival of the fittest and against the killing of the germs by toxines. 1. Some persons exposed to certain contagious diseases never take them under any circumstances. 2. The toxines do not remain in the system and the immunity confessed by them, if at all, cannot be permanent, so that there is no reason why these diseases should not be contracted again. After certain infectious diseases are contracted, they are not "taken" again, which is an argument in favor of the destruction of the weak cells and survival of the stronger.

Dr. Landon B. Edwards does not think we have arrived at the point to say to just what immunity is due. The theory of the survival of the fittest does not reach a number of germ diseases. Smallpox, for instance, is not protective against other diseases. We are premature in taking a decided stand. Regarding isopathy, he said we are on the border land of grand discoveries. In myxedema and cretinism thyroid extract is working wonders.

The Secretary, Dr. Peyser, in closing the discussion, said that what goes on in the test tube is not necessarily indicative of what occurs in the living body. That the destruction of germs by their toxines occurs in the tube is not denied; neither is it denied that alcohol produced in the tube by yeast cells destroys the latter. In the body we have the circulation covering a large area and always in motion; and elimination is occurring incessantly. The conditions governing the two are dissimilar. The fact that the body immune to one disease is not immune so far as another is concerned, is not antagonistic to the survival of the fittest. This is an educational process; and we know that perfect knowledge requires teaching of all branches and an absolute understanding of them.

We limit the term immunity to infectious diseases. Leucocythemia, which shows a diminution of the colored blood corpuscles, rather than an increase of the colorless, does not come under this head. It is not the actual increase of these, so much as their healthy condition, their power to secrete nuclein, that determines immunity.

Dr. Virginius W. Harrison reported an interesting case of HYDROSALPINX. (See page 7.)

MARK W. PEYSER, M. D.,
Secretary.

TANNIN IN ENTERITIS.—Tannin is an old and neglected remedy very efficacious in enteritis.

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CORRESPONDENCE.

AMERICAN MEDICAL ASSOCIATION.

BALTIMORE, April 16, 1895.

Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:—The American Medical Association having decided to hold its next annual meeting in Baltimore, on May 7, 8, 9 and 10 proximo, I trust that I may not be officious in calling attention through the JOURNAL to the objects of the Association, to its claims upon the medical profession of this country for support, and lastly to its claim upon the profession of this city for a cordial reception and hospitable entertainment during its meeting here in May.

The chief objects of the Association are to organize the profession of the United States for scientific work in all of the branches of scientific medicine, to promote harmony and co-operation in the profession, to consider varied professional and public interests and to elevate the educational standard, the dignity and the nobility of medicine as a professional pursuit. The Association seeks to promote these objects by enlisting in its ranks two classes of members; first, permanent, and, second, delegated. Its doors are open to every regular member of the profession who pays the annual dues of five dollars. The member once admitted becomes a regular member so long as the annual dues are paid. A delegate member is admitted on the credentials furnished him by a local or State medical society in good standing and upon the payment of the annual dues of five dollars. Delegates have all the privileges of regular members so long as the annual dues are paid.

The membership of the Association is drawn from the rank and file of the regular profession so that the Association is owned by the profession and its work from year to year is virtually controlled by the members and delegates in attendance upon each annual session. It is, therefore, a representative body conducted by men engaged in general professional work. The member or delegate from California has as much say in the management of the Association as the member or delegate from Maine or Florida. It is cosmopolitan in character and scope, and its influence can be made as large as the annual attendance will admit of. Whilst its interests and policy are controlled from year to year by its officers and appointees, its positions of trust are open to all who aspire to them and who may be deemed worthy of them.

It differs from all other medical organizations in this country in the breadth of its scope and in its accessibility to general professional control. No thinking mind can dispute the fact that its objects are wise and useful, that its principles of organization are comprehensive and liberal, and that it is capable of conferring the highest advantages upon its membership as well as upon the profession at large. The Association was organized in the year 1847 and with the exception of the four years of civil war it has grown yearly in membership and in influence.

Notwithstanding the fact that it has experienced the disadvantages which attend all large delegated bodies, that its work at times has fallen below the high standard aimed at, that politics and rings have to some extent influenced its counsels, its purposes have grown stronger from year to year and its influence for good has gradually enlarged. If in a special sense it has not measured up to the highest standard of efficiency, in a general sense it has met the approval and has enlisted the support of many of the ablest professional minds in the ranks of the medical profession. Some men of narrow views and of high aspirations have been captious and critical and have refused to yield it support, but take the profession as a whole and there will be found many well known and influential men who have given earnest support and encouragement to the work and purposes of the Association. If a few have labored to tear down an organization struggling for recognition and support, many have given a helping hand and have labored to build up and enlarge its capa-

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city for good. Such in brief is the history of this Association, purely American in its institutions and methods and strictly earnest and progressive in its aims and tendencies. The Journal of the Association has experienced the same results which have been meted out to the parent organization. It has had to meet the carpings of many critics, it has been forced to overcome various antagonisms both within and without the ranks of the profession, yet with a singleness of purpose its management has been progressive, business-like and judicious. It has outlived the experimental stage and has become an institution which will grow and improve from year to year just as the profession recognizes the value and influence of an organ owned and controlled by its united support. It is not the aim of this article to bestow praise and approval upon the Association and its Journal. Both speak for themselves. Neither is perfect, neither is up to the standard of excellence to be desired by their friends. Both, however, have a claim upon the entire medical profession of this country. They are the common property of the regular profession and the man who wishes to see these interests and institutions prosper, grow, become more scientific, more useful and, in fine, reach perfection, should lend a willing hand and generous heart in furtherance of such purposes.

The Association meets this year in our city for the first time since 1867, twenty-eight years ago. It has met much more frequently in other large cities. In coming here this year it behooves the profession of Baltimore to recognize the significance and importance of such an occasion and to extend that open-hearted hospitality and generous cordiality for which our city has long been famous.

This is an occasion which we should welcome, since it introduces to the members of our profession from widely separated sections of our country the beauty, refinement and culture of our city, the character of our medical and educational institutions and the richness of Baltimore in her art, her libraries and in her material progress. An opportunity such as this can not only be made profitable and pleasant for the "stranger within our gates" but if rightly appreciated it will enlarge the hearts and minds of those who enter into the spirit and enjoyment of the occasion.

Mr. Editor, let us all enter heart and soul into this meeting and appropriate to ourselves the pleasant memories which always follow the happy conclusion of such important events. From the many indications which have been suggested to me in connection with this meeting I feel assured that our professional visitors and the profession of our city are destined to have the largest and best meeting the Association has ever held, as well as a royal good time.

Very truly,

T. A. ASHBY, M. D.

COLD IN PNEUMONIA.

Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:—I am glad to see "Cold in the Treatment of Pneumonia" attracting so much attention.

Years ago I published an article in your JOURNAL, to the effect that the air in the room of a patient suffering with pneumonia should be as cold as the weather would admit of. Some years later I listened to a most able and interesting address by Professor Welch before the Medical and Chirurgical Faculty of Maryland on the diplococcus pneumoniae, in which he stated that that organism could not survive a temperature lower than 76° F. My friends, who were present, and who were familiar with my article, were struck with his remarks showing how bacteriological research coincided with practical experience. The temperature of the rooms in which pneumonia patients are treated is usually very high and many of them are sweated to death. I confess myself not wholly guiltless, but I am thankful that I had not, like "Sangrado," written a book.

Very sincerely,

EDWARD ANDERSON,

Rockville, Md., April 9, 1895.

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MEDICAL PROGRESS.

ACUTE DELIRIUM.—Dr. H. C. Wood, in discussing the history and diagnosis of acute delirium in the *American Journal of the Medical Sciences*, says that all manias of an acute type which are not intoxication neuroses and are not due to the presence of organisms in the blood, are divisible into two affections: first, mania proper; second, confusional insanity; and that each of these diseases becomes, when in its most severe form, an acute delirium. Thus, there would be, first, *acute mania*—that is, mild acute peri-encephalitis, known when in its severest form as *acute delirium*—that is, violent, usually fatal, peri-encephalitis; second, *confusional insanity*, without demonstrable lesion, but probably the result of changes in the ganglionic cells themselves, constituting in its severest form an *acute delirium*, also without demonstrable lesion, but, in fact, due to an exaggeration of the unknown ganglionic or other alteration present in the confusional insanity.

* * *

TREATMENT OF URETHRITIS.—Writers never seem to tire of giving their experience in the treatment of urethritis. Dr. Ramon Guitéras, in the *Medical News*, is inclined to conservative methods and does not lay much stress on the gonococcus and endoscope. He concludes:

1. That it is impossible to treat urethritis according to any given rule at the present day, a successful method not as yet having been discovered.

2. That specialists are much better able to treat it successfully than the general physician, and to go further, that a patient receives better treatment from a specialist in a dispensary than from a general physician in private.

3. That injections checking all discharge or reducing it to a moisture about the meatus, such as those of mercuric chloride, potassium permanganate, and silver nitrate, are the most successful means of treating a fresh attack, and that of these silver nitrate is the one upon which most reliance can be placed.

4. That in all cases the patient should be treated conservatively, and the treatment should be modified according to the symptoms.

* * *

THE FAVORABLE EFFECTS OF VACCINATION ON WHOOPING COUGH.—An Italian physician, says the *North American Practitioner*, Dr. P. Bolognini (Borgo Panigale) has had occasion to vaccinate thirteen children suffering from whooping cough, following the examples set by Drs. F. Pestalozza (Rovescala) and C. Coelli (Cremona), who have before had recourse to vaccination as a means of treating this affection.

Their observations convinced Dr. Bolognini that vaccination, provided that it be resorted to sufficiently early, that is to say, during the first, or at the beginning of the second stage of whooping cough, results in lessening the number and intensity of the paroxysms and hastening recovery. The favorable effect of vaccination is manifested within one or two weeks, and is sometimes preceded by temporary aggravation of the symptoms. It is obvious that in cases in which the characteristic pustules are not developed, on account of existing immunity, either natural or acquired by previous vaccination, the inoculation can have no effect on the whooping cough.

When having to deal with a child suffering from whooping cough, who has not before been vaccinated, it is, therefore, well to resort to Jennerian vaccination, but without prejudice to other medicinal or hygienic measures, which it may be thought best to employ.

* * *

THE FALLACY OF EARLY RISING.—Proverbs are responsible for a great deal of folly, says the *British Medical Journal*, and none perhaps for more mischief under the present conditions of town life than those which inculcate early rising as a virtue. When the great majority lived in villages and were engaged in the cultivation of the soil, early rising may have been conducive to health and wealth, if not to wisdom, but even our early forefathers probably did no more than make a virtue of necessity. It is said to be natural—that is, physiological—to rise early and enjoy the beauties of

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the sunrise; if we ask why, we are treated to various transcendental theories about the vivifying influence of the sun, and are told to take example by the birds of the air and the beasts of the field, or so many of them as are not nocturnal in their habits. But as a matter of fact physiology, so far as it has anything to say on the subject at all, is all against the early rising theory. Physiological experiment appears to show that a man does not work best and fastest in the early morning hours, but on the contrary about midday. The desire to rise early, except in those trained from youth to outdoor pursuits, is commonly a sign, not of strength of character and vigor of body, but of advancing age. The very old often sleep much, but they do not sleep long. A long deep sleep, the sleep of youth, requires for its production a thoroughly elastic vascular system. The stiffening vessels of age are not so completely nor so easily controlled by the vasomotor nerves. Hence shorter sleeps. Thus paterfamilias, who goes to bed at 11 P. M., wants to get up at 5 or 6 A. M., and looks upon his healthy son, who prefers to lie till 8, as a sluggard. When this foolish interpretation of a proverb about the health and wealth to be got from early rising is combined with the still more foolish adage which says of sleep: "Six hours for a man, seven for a woman, and eight for a fool," then we have a vicious system capable of working great mischief to young people of both sexes. There is a tendency, greatly encouraged in towns by the spread of cycling, to curtail unduly the hours of sleep. Parties of young men and lads are to be met careering about the streets at midnight. They would be far better in bed. They have probably to be in their offices or shops by 9 A. M., or even earlier, and when time is deducted for supper, toilet, breakfast, and the journey to the place of business, it is evident that the hours for sleep cannot exceed six, or at most seven. These young men are no doubt encouraged by the silly adage quoted above. There is a disposition in town youths to overdo outdoor exercise; the cycling club "night spins" are instances in point. As Nordau has said, with a great deal of truth, the town-dweller of these last decades of the nineteenth century suffers from nervous fatigue, and is so ill-advised as to make his very recreations sources, not of recuperation, but of increased exhaustion. If our forefathers were early risers they went also early to bed. It would be well for the rising generation if it paid more heed to this part of the proverb.

* * *

POST-PARTUM HEMORRHAGE.—A case of secondary post-partum hemorrhage, eighteen days after labor, followed by septicemia and death, is reported in the *American Journal of Obstetrics*, by Dr. E. L. Tompkins of Washington, D. C. Eighteen days after delivery the patient had some misunderstanding with her husband, and imagining he had left her, was much overcome with grief. From this time on she had profuse uterine hemorrhages, mammary abscess, edema of the lower limbs, albuminuria and general septic poisoning, which ended in death. The mental grief seemed to have caused the hemorrhages.

* * *

THE CAUSATION OF HEMIATROPHIA FACIALIS PROGRESSIVA.—Bauerwald reports (*Journal of Nervous and Mental Diseases*) a young, healthy man developed a progressive hemiatrophy of the face directly after a swelling and inflammation of the submaxillary gland which had been associated with angina. The author thinks it possible that the angina caused an infectious inflammation of the terminal brenches of the fifth nerve, and that this would tally with the findings in Mendel's case, which were those of progressive peripheral neuritis of the trigeminus and secondary atrophy of the descending root of the trigeminus.

* * *

VENESECTION.—Dr. George C. Laws, in the *Therapeutic Gazette*, thinks that the rule is universal that in all cases of inflammation so serious from degree or position as to involve danger to life, bleeding should be employed in the early stages, unless forbidden by general debility or the low grade of the fever.

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A NEW APPARATUS FOR APPLYING PLASTER JACKETS.—Dr. R. Tunstall Taylor of the Children's Hospital, Boston, and formerly of the Johns Hopkins Hospital, has devised a very useful apparatus for sustaining the body without suspending the entire weight while applying a plaster jacket. It is fully described in the *Johns Hopkins Hospiatal Bulletin* and consists of a bicycle saddle on a high stool and with adjustable stirrups for the feet.

* * *

SALOL IN ZOSTER.—E. L. Billstein reports in the *Philadelphia Polyclinic* three cases of zoster in which the local application of salol 20 grains in ether 1 ounce gave marked relief and hastened the disappearance of the lesions.

PROGRAMME of the Ninety-seventh Annual Session of the Medical and Chirurgical Faculty of the State of Maryland, April 23–26, 1895:

Annual Address: The Cause of Nervous Disease, Dr. M. Allen Starr of New York.

President's Address: Pernicious Delay in Surgical Cases, Dr. Robert W. Johnson.

Subject for General Discussion: Typhoid Fever in Country Districts. Referee, Dr. William Osler; Co-referees, Drs. Charles M. Ellis of Elkton, C. Birney of Taneytown, James F. McShane, I. E. Atkinson, George H. Rohé and William H. Welch.

A Plea for the Sight of "Our Little Folks," Dr. George A. Fleming.

Certain Sanitary Needs of our City and its Public Schools; Cycling for Women, Dr. Edward M. Schaeffer.

Tetany during Pregnancy, Dr. H. M. Thomas.

Protozoic Infections with Demonstration of Photo-micrographs and Specimens, Dr. T. C. Gilchrist.

The Quantitative Determination of the Rennet Zymogen; its Diagnostic Value in certain Diseases of the Stomach, Dr. Julius Friedenwald.

Heredity as a Factor in the Etiology of Idiocy, Dr. Samuel J. Fort.

Careless and Unscientific Midwifery, with Special Reference to some Features of the Work of Midwives, Dr. W. S. Smith.

Cause of Peritonitis by Invasion of the Micrococcus Lanceolatus from the Intestine, Dr. Simon Flexner.

The Treatment of Puerperal Fever: A Warning against the Indiscriminate use of Corrosive Sublimate, Dr. J. Whitridge Williams.

Recent Improved Methods of Infant Feeding with Especial Reference to Modified Milk, Dr. R. T. Taylor.

Experiments on the Motor Functions of the Human Stomach. The Effect of Digestive Diseases on the Heart, Dr. John C. Hemmeter.

A Contribution to the Study of Pseudomembranous Conjunctivitis, Dr. Hiram Woods.

The relation of the Different Types of Malaria to the Seasons of the Year, Dr. W. S. Thayer.

A Case of Syphilitic Endocarditis causing Mitral Insufficiency, Dr. Charles O'Donovan.

Three Cases of Purulent Otitis which ended fatally, Dr. Wm. F. Lockwood.

Bullet Wound of the Liver and Stomach; Closure by Tampon, Dr. L. McLane Tiffany.

Sub-Conjunctival Injections in Profound Ocular Inflammations, Dr. Edward J. Bernstein.

Uterine Hemorrhage; its Sources, Dangers and Treatment, Dr. T. A. Ashby.

The Significance of Variations in the Caliber of Retinal Arteries, Dr. Harry Friedenwald.

Tetany, with Report of a Case, Dr. George J. Preston.

Surgery of the Nasal Septum, Dr. George Thomas.

Notes on Sarcoma, with Reports of Cases, Dr. John W. Chambers.

The Secondary Effects of Uterine Hemorrhage, Dr. Thomas A. Ashby.

Aseptic Cultivation of Protozoa, Dr. C. O. Miller.

Pelvic Disease and Insanity, Dr. Geo. H. Rohé.

(1) Melena Neonatorum; (2) The Relation Existing between Gall-Stones and Hepatic Abscess, Dr. W. Milton Lewis.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 19.

BALTIMORE, APRIL 20, 1895.

THE attention of the profession of the State and city will be occupied next week by the annual meeting of the Medical and Chirurgical Faculty which holds its sessions on Tuesday, Wednesday, Thursday and Friday and which has every prospect of being a most successful and interesting meeting. The Annual Oration will be delivered by Dr. M. Allen Starr of New York, who will speak of "The Cause of Nervous Disease." The President, Dr. Robert W. Johnson, will deliver the President's Address on "Pernicious Delay in Surgical Cases." The subject for general discussion is "Typhoid Fever in Country Districts," with Dr. William Osler as referee and Drs. Charles M. Ellis of Elkton; C. Birney of Taneytown; James F. McShane, I. E. Atkinson, George H. Rohé and William H. Welch as co-referees. This latter will be a most fruitful source of discussion and should be of great interest if the discussion can be confined to the legitimate subject and all irrelevant talking and case relating can be excluded.

The State Society.

Besides this the programme is full of good papers and it will be the endeavor to have it so arranged that those desiring to hear certain papers will have some idea when to attend and will not be obliged to sit through a whole day's session to hear one paper.

The only social feature of this meeting is the banquet which is usually held Thursday night after the annual oration.

The report of the Committee on Permanent Location will be heard with especial interest, as they have done good work and will soon show the results of this work. The transfer of the new property has been made and a part of the money has been collected and there will be many in the profession who will be ready to invest a small amount in this good move.

It has been a matter of great gratification to the Committee on Membership that so many new members have enrolled themselves in the past few years and that the society has increased in numbers so markedly of late and has shown such signs of renewed activity. When the new building has been obtained and is occupied the next move should be towards the publication of the transactions in book form, as was formerly the case. The annual issue of the Faculty is not an index of the work done by that body and the criticisms of reviewers on the gradually dwindling size of this volume is not complimentary even if it is well deserved. Papers may be published where their authors desire, but they should also be published in the annual volume of transactions.

The meetings are open to all members of the profession whether members of the Faculty or not, but all physicians of this State in good, regular standing should make it a duty as well as a pleasure to see that their names are enrolled as members before this meeting comes to an end.

* * *

WITH all the specialties which have so rapidly come into existence of late, there is no specialty of old age, and yet this stage approaches very near the period of childhood, which is now so carefully studied as a separate division of the general practice of medicine.

Hygiene of the Aged.

It is a question if the treatment of the aged

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does not require more skill than the treatment of children. Through care and attention to the prevention of disease the average human life is slightly longer than it was fifty years ago, still when the age of seventy has been reached the greatest caution is necessary to preserve life against all those ills to which flesh is heir or which are acquired by imprudence and accident.

At this advanced age the human machine begins to run down and wear out, and the vital forces are greatly enfeebled. Age is not counted by years but by the condition of the blood vessels, the organs and tissues. Some men at fifty are older than others at sixty. Many persons die from an inherent weakness and inherited taint at an early age, while others with these same physical faults are so careful that life is prolonged much beyond the expected time. Others, again, seem free from hereditary fault and are so strong and well that they think nothing can hurt them and consequently they succumb to mental or physical overwork, anxiety, trouble, misfortune, disappointments; others from vice, ignorance or imprudence.

All the organs should be kept from strain. The stomach should not be overloaded, for the digestive powers are weak; the heart should not be exerted: running for street cars has caused many a sudden death when there was no organic disease present. As for the matter of clothes, the old should be clad very seasonably and carefully. Exposure to cold in the aged may bring on an attack of pneumonia or internal congestion which is quickly fatal.

Old age may demand respect, but it in turn must respect the ordinary laws of health, for death is no respecter of persons.

An observer of the aged says:

An old man exposes himself to inclement weather, and especially to a high wind, which suddenly drives the blood from the surface upon the internal organs; and, at the same time, by its very force checks the enfeebled movements of respiration, which aid in forcing the blood out from those organs. As a result, the man perishes at once, because he has thrown too great a strain upon a weak heart; or, if able to momentarily resist the strain, dies in a few days of pneumonia, due to the congestion of the lung. I have known the sudden shock of good news to strike the old man down fatally as the pole-axe fells the bullock, by causing the blood to rush with renewed force through the brain, and tear its way through the weakened walls of the blood vessels. Again, the violent emotion of sudden bad news may overwhelm a heart which, with care, would have sufficed for its duties for many years.

* * *

Shirking Duty.

SOME men like positions with much honor and little work and this is especially true when that position has been held for many years and the novelty has worn off. This is unfortunately too often the case in even the humblest offices in medical societies. It is not unpleasant to be put on this or that committee or to be elected or appointed to fill a position which brings with it a certain degree of prominence, but when it comes to doing the drudge work then too often there is the inclination to shirk work and let subordinates carry out the details. It is the lack of inclination which is called want of time.

The claim is made that professional work prevents attendance on this or that committee or performing a duty which belongs to the position. For this reason many advocate rotation in office as stirring up a body generally and infusing new blood. Rotation in office certainly has that advantage that the new comer brings great zeal to do more than his predecessor and while this excessive work is kept up the position is well filled, but as soon as there are signs of flagging and negligence then it is time to look for a new man for the place.

Traditions may be cherished but they certainly have their disadvantages and when a society, be it medical or otherwise, continues to keep in office men who have been there so long that they seem a part of the place and think of the society as their individual property, then it is time to suggest a change and give a gentle but forcible reminder of the true state of affairs.

It is human to neglect work at some time and slur and shirk when the burden is heavy and therefore members who take an interest in the welfare of their society and wish its advancement should keep a sharp eye on each office and position, even the humblest, and use their efforts for a change or improvement as it seems to them that the individual is shirking work and allowing personal interests to take precedence of society work.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 13, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		36
Phthisis Pulmonalis		34
Measles	30	
Whooping Cough	3	
Pseudo-membranous Croup and Diphtheria.	8	4
	1	
Mumps		
Scarlet fever	23	2
Varioloid	3	
Varicella		
Typhoid fever		2

Dr. F. M. Crandall is now editor of the *Archives of Pediatrics.*

Dr. Samuel S. Adams of Washington, D. C., has removed his office to No. 1 Dupont Circle.

Another new medical monthly is the *General Practitioner*, published at St. Louis, Mo.

The first number of a new monthly called the *Buffalo Druggist* has just made its appearance.

The journal called *Food* has changed its name to *The Journal of Practical Medicine.* Dr. Charles H. Stowell of Washington is the editor.

The fifth annual meeting of the Association of Military Surgeons of the United States will be held at Buffalo, N. Y., May 21, 22 and 23, 1895.

In the Illinois Legislature a bill was introduced regulating the fees of physicians and surgeons and providing for a maximum surgical fee of $100.

The University of Maryland, College of Physicians and Surgeons, Baltimore Medical College and Baltimore University School of Medicine all held commencements and have made the hospital and dispensary appointments in their respective hospitals and dispensaries.

The American Climatological Association will hold its next meeting at Hot Springs, Va., June 13, 14 and 15, 1895. This time was chosen to accommodate members of the Laryngological Association, which meets in Rochester the beginning of the following week. Members desiring to read papers on this occasion will please send the titles as soon as possible to the President, Dr. S. E. Solly, Colorado Springs.

In the Section on Neurology and Medical Jurisprudence of the American Medical Association, Dr. William Lee Howard will read a paper on "Hypnotism; its Uses and Uncontrolled Abuses;" Dr. Edward M. Schaeffer on "Relations of Food to Epilepsy." In the Section on State Medicine, Dr. John Morris will read a paper on "Acute Alcoholic Insanity as Distinguished from Delirium Tremens." In the Section on Obstetrics and Diseases of Women, Dr. Howard A. Kelly will read a paper on "Suspensio Uteri; the Proper Method of Performing it and its Results."

Up to date the following events have been arranged for the entertainment of the delegates and their families at the meeting of the American Medical Association. On Monday, May 6, the American Medical Editors' Association will hold its annual meeting and banquet at 7 P. M. On Tuesday evening the various sections will hold their dinners and later Dr. Robert W. Johnson, 101 West Franklin Street, and Dr. H. A. Kelly, 1406 Eutaw Place, will give large receptions to the delegates and their families. On Wednesday, during the day all the medical colleges and hospitals will be open to visitors and at night the trustees and medical staff of the Johns Hopkins Hospital will tender a reception to the delegates and their families. On Thursday afternoon Dr. E. N. Brush and the Sheppard Asylum will give a fête champêtre at the Asylum. A special train will leave the station of the Baltimore and Lehigh Railroad on West North Avenue, corner of Oak Street, at 5 P. M. Transportation free. That same night a general reception will be tendered by the medical profession of Baltimore to the visiting delegates and their families at Music Hall. On Friday there will be excursions to Gettysburg and Pen Mar provided the weather permits and a sufficient number express a desire to go. The fare will be one dollar for either excursion. There will be a post office at Music Hall, where all mail for the visiting delegates may be received and deposited. The University, Atheneum and Roman Catholic Clubs will make all delegates their guests. The Rush Monument Committee will have a clerk in the lobby of Music Hall to receive contributions for the Rush Monument Fund.

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WASHINGTON NOTES.

The Medical Society of the District of Columbia held its regular weekly meeting on Wednesday night, April 10, Dr. G. L. Magruder in the chair. Dr. Andrew H. Smith of New York read the paper of the evening on "Some points in the Physical Examination of the Chest." The paper was very interesting and several new kinds of stethoscopes were shown. Drs. W. W. Johnston, D. W. Prentiss, S. S. Adams and C. H. Stowell discussed it. Dr. H. L. E. Johnson showed the specimens and gave short accounts of nine cases of laparotomy that he had performed. The operations had been done for various diseases of the uterus and ovaries. All the patients had recovered.

Dr. G. L. Magruder read the history of a patient who had died of cancer of the stomach. He also presented the specimens.

The following is a list of the applicants who were elected members at the preceding meeting of the Society, with their respective colleges of graduation:

Dr. Samuel E. Lewis of the Richmond Medical College, Drs. Louisa M. Blake and Hobart S. Dye of the Columbia University, Drs. W. E. Wolhampton, Florence Donohue, Austin O'Malley, H. M. Newman, John F. Cole, John H. Junghous, C. M. Hammett, Jr., and Samuel E. Watkins of Georgetown University. Drs. Taliaferro Clark and Duff G. Lewis of the University of Virginia. Drs. A. R. Shands and Argyle Mackey of the University of Maryland. Drs. F. P. Morgan and Henry T. Harding of the College of Physicians and Surgeons of New York, Dr. Bowditch Morton of Howard University, Dr. Anthony Heger of the University of Pennsylvania, Dr. John B. Carpenter of the University of Buffalo, Dr. A. B. Storch of the Iowa State University, Drs. O. H. Conachie and John A. Drawbough of the National University and Dr. Mabel Cornish of the Women's Medical College, New York.

The regular monthly meeting of the Board of Directors of the Central Dispensary and Emergency Hospital was held on Friday, April 12, the President, Mr. B. H. Warner, in the chair. The advisability of putting in a new electric elevator was discussed and recommended. The Dispensary service has grown so much that it was allowed by the Directors that each member of the staff could have daily clinics, instead of twice a week as formerly.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Two Weeks ending April 15, 1895.

Captain Paul Shillock, Assistant Surgeon, relieved from duty at Fort Wingate, New Mexico, and ordered to Madison Barracks, New York, for duty at that post, to relieve Captain Robert B. Benham, Assistant Surgeon.

Captain William B. Banister, Assistant Surgeon, is relieved from duty at Fort McIntosh, Texas, and ordered to duty at Fort Omaha, Nebraska, for duty.

First Lieutenant Frederick P. Reynolds, Assistant Surgeon, is granted leave of absence for one month, to take effect upon his relief from duty at the United States Military Academy, West Point, New York.

The following named officers are detailed to represent the Medical Department of the Army as delegates at the annual meeting of the Association of Military Surgeons of the United States, to be held in Buffalo, New York, May 21 to 23, 1895: Lieutenant-Colonel Dallas Bache, Deputy Surgeon General; Major Philip F. Harvey, Surgeon; Captain Daniel M. Appel, Assistant Surgeon. They will proceed from their respective stations in time to reach Buffalo on May 21, 1895, and upon adjournment of the meeting will return to their proper stations.

The following named officers are detailed to represent the Medical Department of the Army as delegates at the annual meeting of the American Medical Association to be held at Baltimore, Md., May 7 to 10, 1895: Lieutenant-Colonel Wm. H. Forwood, Deputy Surgeon General; Major Charles K. Winne, Surgeon; Major Walter Reed, Surgeon, and Captain Harry O. Perley, Assistant Surgeon. They will proceed from their respective stations in time to reach Baltimore on May 7, and upon the adjournment of the meeting will return to their proper stations.

The following named officers will report in person to Major Calvin DeWitt, Surgeon, President of the examining board appointed to meet at Fort Leavenworth, Kansas, on Wednesday, May 1, 1895, at such time as they may be required by the board for examination as to their fitness for promotion, and upon conclusion of their examinations will return to their proper stations: First Lieutenant Thomas U. Raymond, Assistant Surgeon; First Lieutenant Henry D. Snyder, Assistant Surgeon; First Lieutenant Allen M. Smith, Assistant Surgeon; First Lieutenant Joseph T. Clarke, Assistant Surgeon.

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UNITED STATES NAVY.

Week endng April 13, 1895.

Passed Assistant Surgeon G. McC. Pickrell detached from United States Ship "Newark" and granted three months leave.

Assistant Surgeon A. W. Dunbar detached from United States Receiving Ship "Vermont" and ordered to the United States Ship "Newark."

Assistant Surgeon Henry La Motte detached from United States Ship "Newark," ordered home and two months leave.

Assistant Surgeon C. P. Bagg detached from United States Navy Hospital, Mare Island, California, and to the United States Ship "Monterey."

BOOK REVIEWS.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory Work for Beginners in Chemistry. By W. Simon, Ph. D., M. D., Professor of Chemistry in the College of Physicians and Surgeons of Baltimore, etc. Fifth Edition, thoroughly revised. With Illustrations and Colored Plates. Philadelphia: Lea Brothers & Co., 1895. Pp. xiii-17 to 502.

A fifth edition of the valuable work has been called for and the author has issued a book which is revised up to date. Few marked changes are made in it. He adheres to the old orthogfaphy. There are seven parts to the book and in the latter parts he treats of that branch of chemistry referring to urinary analysis. There have been made a few changes in the plates. The work is especially adapted to the student and has been very largely adopted by schools of medicine. The decimal system is used as being more scientific and exact.

A PATHOGENETIC MATERIA MEDICA; Based upon Drs. Hughes' and Dake's Cyclopedia of Drug Pathogenesy. By the Medical Investigation Club of Baltimore, 1895. Pp. 347.

This contains a large number of provings of drugs and is the result of work done by a medical investigation club of homeopathic physicians of Baltimore. The work seems to be honestly and conscientiously done and will probably be of use to those who understand it.

REPRINTS, ETC., RECEIVED.

Experimental Record Station, United States Department of Agriculture. Volume VI, No. 5, Washington: Government Printing Office, 1895.

CURRENT EDITORIAL COMMENT.

MEDICAL ETHICS.

Northwestern Lancet.

THE time is coming when the medical profession through its national association will be obliged to take its choice between two courses: either it must drop all restrictions and allow its members to associate professionally with whom they please, to consult and act in concert with whom they please, or it must take a firm stand upon the opposite ground, and say that those who affiliate with irregulars shall be themselves classed as irregulars and so treated.

INSURANCE EXAMINATION FEES.

Medical Record.

LIFE insurance companies depend for their success upon the skill, intelligence and character of the medical men who examine for them. It behooves them to treat the medical profession in a generous manner. Yet the New York Life has just reduced its fee for examinations to three dollars; and the Equitable, and we presume other companies, send out circulars begging for free information regarding the character of those whom they employ.

WORRY.

Medical Summary.

NOT all physicians appear to be cognizant of the very great responsibility resting upon them in the performance of their duties, consequently their mind is not disturbed or worried by any particular care or anxiety. On the other hand, it is a well known fact, that the continued strain and worry in relation to this particular duty or responsibility has been, at least, the primary cause of the death of many of the best men in the medical profession.

IMPORTANCE OF BEING HONEST.

American Druggist.

WHILE the homely adage that "honesty is the best policy" is objectionable as indicating a low standard of morality, it is as well, in these days of sharp competition, that the truth of the adage be borne in mind, for honesty is a much less tangible and definable quality in the commercial world than its dictionary definition would lead one to expect. The medical journals have of late been teeming with complaints of the dishonest practices of the pharmacist.

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All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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NOTES.

DR. KEILMANN does not think that ipecac has any oxytocic powers.

*

ALUM in stick form applied to enlarged tonsils will speedily reduce their size.

*

A MILD gargle will usually be more beneficial in simple pharyngitis than a markedly astringent one.

*

THE oil of eucalyptus will be found very useful in some forms of rheumatic headache or in case of headache due to malarial fever.

*

DR. PAUL PAQUIN says that essence of cinnamon is the first in the list of non-poisonous antiseptics and the strongest, that it is next to bichloride of mercury in its value as an antiseptic, and that the odor of it destroys certain germs.

*

HUGEL uses with great success in infantile diarrhea and in the diarrhea of phthisis djamboe in doses of five to ten grains, or the infusion may be given to children, the fluid extract to adults.

*

TINCTURE of iodine of double strength, or one drachm to the ounce of 95 per cent. alcohol, when thoroughly applied by means of a feather, or better by a camel's hair pencil, to boils, etc., will relieve all pain and shorten the stages of suppuration more than one-half.

PHARMACEUTICAL.

PETROJEL is an emulsion of purified petroleum. A full-sized jar of this new pharmaceutical product will be sent free to any address on payment of express charges. Physicians everywhere will desire information regarding this valuable food. For literature send to the Duroleum Co., New York City.

PASTEURINE is the most delightful preparation I ever saw in the line of antiseptics and deodorants. To disinfect and deodorize the mouth, throat, stomach, wounds and skin, it is the best article that I am acquainted with. Children take the tablets like candy. In the hands of the doctor it is an acquisition.—J. R. Lemen, M. D., St. Louis.

OPINION of the *Medical Standard:* "Recent investigation has shown that the value of cod liver oil as a medicinal agent is not due simply to the fact of its being an oil, but to its valuable active principles, like morrhuine, butylamine, amylamine, iodine, bromine, and phosphorus, all of which are contained in its true alcoholic extract Morrhuol. 'Stearns' Wine of Cod Liver Oil' represents this in a palatable, assimilable form."

FRELIGH'S TABLETS for the prevention and cure of Pulmonary Phthisis can be obtained in sufficient quantity (double $3 box) for trial by any reputable physician for fifty cents. A large number of testimonials from clergymen, lawyers and business men testify to the efficacy of these tablets. On receipt of twenty-five cents samples of Freligh's Tonic will be sent, charges prepaid. Address I. O. Woodruff & Co., 106 and 108 Fulton St., New York.

DR. CHARLES DAY, M. R. C. S., etc., 79 St. Mark's Square, West Hackney, London, writes, on January 17 1893: I have prescribed your preparation, Iodia, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhea, and another of otorrhea. In the latter case, the result of scarlet fever in early life, the discharge has existed for many years. The patient could distinctly feel the action of the Iodia on the part, and the discharge gradually dried up.

THE value of Borine in dental surgery was effectively brought before the attention of the profession through the attractive ex-

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hibit given this week by the Medical Novelty Company at the meeting of the Washington City Dental Society and the Maryland State Dental Association in Baltimore. Sample bottles were given to all in attendance upon the sessions. Wherever tried, either in external or internal antisepsis, the continued use of this admirable preparation is sure to follow.

MILK OF MAGNESIA (a hydrated alkali) is being used by the dental profession in preference to other alkaline washes to neutralize the acid secretions due to the fermentation of particles of food remaining in contact with the teeth and attacking the enamel. The very elegant exhibit given at the meeting of the Dental Association in Baltimore April 17 by the Charles H. Phillips Chemical Co., who are the manufacturers, attracted much attention from visiting members.

IN an interesting communication to the Detroit (Mich.) *Journal*, Dr. John P. Corcoran, a prominent physician of that city, states in reference to the management of smallpox, that in an experience of twenty years in the supervision and treatment of that loathsome disease he has never lost a case. He says, "I recently attended a case lasting four weeks where there were seven persons in the house during all that time and none were stricken with the disease. Why? Well, I saw to it that all were vaccinated immediately and I used Platt's Chlorides freely (and here let me say that no disinfectant that I am aware of at all equals Platt's Chlorides).

NUMEROUS slight ailments are directly traceable to a weakened condition of the digestive organs and an improper assimilation—the result is imperfect nutrition, whether due to an excessive ingestion of non-assimilable food or a diminished and vitiated condition of the natural digestive secretions. Especially do we see this enfeebled digestion in certain forms of fever, whether of the sthenic or asthenic type, in neuroses, anemia, general debility, and the diarrhea of infants. In all these cases Zumo-Anana (Pine apple Digestive Wine) meets the full requirements. It at once carries on the process of digestion, giving tone and vigor to the weakened peptic glands and restoring their natural activity, whereby the proper food elements can be taken up by the absorbents and incorporated into the living tissue.

DIPHTHERIA ANTITOXIC SERUM.—We are pleased to advise our readers that the firm of H. K. Mulford Company, Philadelphia and Chicago, are now in position to fill orders for a reliable and thoroughly standard article of Diphtheria Antitoxic Serum. Early in November, 1894, the firm of Mulford Company, in order to guarantee their patrons and the Medical Profession of America a thoroughly reliable Diphtheria Antitoxic Serum, and at the earnest solicitation of many of the leading consultants, established a Biological department for the production of Antitoxin and allied products at 3907—11 Egglesfield Street, Philadelphia, equipped without regard to expense, and it is under the direction of Dr. Joseph McFarland, Teacher of Bacteriology, University of Penna. The horses are under the direct supervision of Dr. Leonard Pearson, Professor of Theory and Practice of Veterinary Medicine, University of Penna. The standardizing of their Antitoxin is not only carried out in their own laboratory but is also confirmed by the Department of Hygiene, University of Pa., each package being dated and stamped with its strength expressed in immunity units. Messrs. Mulford Company will be pleased to have the Medical Profession inspect their Biological Laboratory on the first Tuesday of each month from 3 to 5.30 P. M., or at other times by request, cards being issued from their office on application. Not only is the enterprise of this firm to be commended but the efforts they have made to place this article above a commercial product in having their product tested by disinterested and reliable authorities protects the profession and speaks well for the confidence which the firm has in their preparation.

PRACTICE FOR SALE.

MY handsome office, furniture, etc., six rooms. Hot and cold water, with all improvements, etc. Situated *centrally*, and the *finest location* in *one* of the *largest manufacturing cities* in *Massachusetts*, practice has been established five years. Reason for selling retiring from practice, to take charge of an estate in New York. Will sell for $650, or half cash and half security. To take possession at any time, with my good will.

Address PHYSICIAN, care *Maryland Medical Journal*, Baltimore.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 2. BALTIMORE, APRIL 27, 1895. WHOLE No. 735

ORIGINAL ARTICLES.

THE CAUSATION OF NERVOUS DISEASES.

AN ADDRESS DELIVERED BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AT ITS NINETY-SEVENTH ANNUAL SESSION.

By M. Allen Starr, M. D., Ph. D.,

Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, New York. Consulting Neurologist to the Presbyterian and Orthopedic Hospital and to the New York Eye and Ear Infirmary.

A KNOWLEDGE of the causation of disease is the acme of endeavor to the practical physician. For it is only when this is finally reached that therapeutics pass out of the domain of empiricism and become scientific. Witness the history of our knowledge of typhoid fever, of pneumonia, of tetanus, of rabies and of diphtheria. It may be said that it is only in regard to the last named disease that our knowledge is at all final; that by the discovery and cultivation of the germ, the separation of the toxine from the bacillus, the production of attenuated toxines and their application to the destruction of the germ, we have conquered the enemy. But what is now true of these diseases may soon be true of others, and hence no effort to arrive at exact facts regarding causation in disease is out of place. In such an effort it is necessary to rise above the detail of observation and to summon the highest powers of analysis and of comprehensive reason.

In no region is this more important than in the domain of nervous disease. It is possible that an attempt to reach the causes of these obscure affections is premature. Yet though unsatisfactory it is not without profit and may aid our therapeutics even if incomplete.

Before proceeding to investigate disturbances in the action of the nervous system let us consider for a moment its structure. When we resolve the nervous system with its numerous complex mechanisms into its elements we come down to what is today termed the *neuron*.

A neuron consists of a nerve cell with its various kinds of branches. The cell itself may be of many shapes, pyramidal, polygonal, flask-shaped or oval, and contains a nucleus and nucleolus. Its branches are of two kinds. There are first protoplasmic or dendritic branches from two to twenty in number, short, of irregular contour. These divide and subdivide soon after leaving the cell, resembling the roots of a tree. Golgi believes that they act as the roots of the tree act, to gather nutrition for the cell from the blood vessels. Cajal and Van Gehuckten think that they have a nervous function, that they collect the impulses coming to the cell.

The second form of branch is the axis cylinder process, made up of many fine fibrils. This branch passes out of the base of the cell and may have one of two destinations. It may extend as one fiber in a long nerve or nerve tract to some very distant part, preserving its identity to the end. Thus it goes from

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a motor nerve cell in the spinal cord to a muscle, or from a nerve cell in the brain cortex, to a group of nerve cells in the cord. Or the axis cylinder, after leaving the cell, may soon split up, losing its identity, dividing and subdividing, until finally it has formed a sort of fine branching brush of fibrils lying in the nervous substance. Golgi divides all neurons into two categories according to the mode of termination of the axis cylinder. He thinks the cell with long axis cylinder, which preserves its character till it reaches its destination, is a motor neuron. He thinks the cell with an axis cylinder, which soon divides into bushy branches, is a sensory neuron. However long or short an axis cylinder, it continually gives off in its course little collateral branches at right angles to its direction. These subdivide and join the network of nerve fibrils. The termination of the axis cylinder and of its branches is in the form of a fine bushy expansion—one cell is never joined to another cell directly—and these fine brush-like fibrils extending throughout the gray substance of the nervous system make up the fine felt work of nerve fibers in which the cells lie.

It is always to be remembered that the nerve fibers or branches of whichever kind and wherever found are merely a part, a long or short excrescence of the nerve cell, and hence we must regard the two as inseparable, making up together the neuron.

In some parts of the nervous system, the arrangement of neurons is very simple. Thus in the anterior horn of the spinal cord, we have a large nerve cell with numerous dendritic branches in the horn and a long axis cylinder branch which passes through the anterior nerve root and through the motor nerve to the muscle fiber, where it spreads out its little terminal filaments in the motor plate upon the muscle. In other parts, as in the brain cortex, we have mingled together various neurons of different function. (1) We have some large neurons of the projection type sending their major branch down to the basal ganglia or to the spinal cord to start the motor mechanism of which our first neuron is the physical basis. (2) We have other smaller neurons of the association type destined to bring the function of one part of the cortex into related action with other parts, so that when we perceive the perfume of the rose, the shape, the color, the name of the flower, rise instantly into consciousness. (3) And in and about these nerve cells of the cortex lie the brush-like terminations of the branches of hundreds of other neurons sending in their impulses, either from the distant skin, or eye, or ear, or from the motor mechanism of respiration, or of facial expression, or from adjacent neurons lying in other parts of the cortex itself and keeping us informed of occurrences within or without the body.

In addition to the forms of neuron already described, we have another form which appears to be quite separable in its development and in its structure. This third type of neuron belongs to the sensory nervous system. It develops originally in the posterior spinal ganglia which lie outside of the spinal cord and in the homologous ganglia which are in connection with the sensory cranial nerves. The sensory neuron is flask-shaped and sends out an axis cylinder which divides into two branches, passing in opposite directions; one of these branches finds its way outward along the nerve to the periphery of the body forming a sensory nerve and terminating in a fine brush-like expansion of filaments in the skin. The other branch finds its way inward through the posterior nerve root into the spinal cord, where it bifurcates, one portion passing downward and the other portion passing upward in the posterior columns. As these main branches pass up and down within the cord, they give off at right angles little collaterals, and these collaterals together with the main branches terminate in brush-like extremities within the gray matter of the posterior horn, either near to their entrance or as far from their entrance as the posterior nuclei of the medulla oblongata. The sensory nerve never terminates in a cell in the spinal cord or brain axis. It ends in fibers of brush-like termination.

In this form of neuron the cell body is

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situated about one-half way between the terminal extremites of its two great branches; and in this fact, of the interposition of the body in the course of a nerve tract, which from the nature of the case must be a continuous tract, we have one of the most striking proofs that the function of these cell bodies may be less for the purpose of subserving sensory qualities, than for the purpose of acting as nutrient centers. We have also a proof that an axis cylinder process is not always centrifugal in the direction of its impulses. One other system of neurons must be mentioned before we close this review of modern histology, namely: the neuron that is present through the sympathetic system. These neurons are of both the types already described in structure but the fibers are not medullated. It is never to be forgotten that this sympathetic nervous system is very widely spread throughout the body and that it subserves some of the most important functions. It not only controls the entire vegetative and nutritive system contained within the cavities of the body, but it also controls that wonderful mechanism of blood supply by means of which an organ is flooded with blood, whenever it is thrown into activity. This regulation of the supply of blood to an organ during the time when it needs to increase its chemical and functional activity is one of the most delicate mechanisms of the body, and as we shall see later, an interference in this portion of the nervous mechanisms is just as serious in its consequences as an interference with the nutrition of the central nervous system.

In order that these neurons should do their work, they must have a normal structure at the outset and a normal capacity for maintaining their nutrition when in activity. It is only within two or three years that the actual structure of the neuron has been discovered. The method of staining discovered by Nissl (*Internationalé Rundschau*, 1888, also abstracts of Nissl's work in *Virchow and Saemich's Jahrbuch*, 1890-1894) showed the nerve cell to be made up of a clear protoplasmic ground substance, through which pass numerous fibrils running from one process into another, between which fibrils are disposed irregularly-shaped bodies which have the capacity to absorb staining matters and have been named the chromatin bodies, and also dumb-bell-shaped bodies which also stain. Nissl affirms that from the arrangement of these bodies in the cell, its function can be determined, that the bodies and fibrils have one arrangement in a motor cell and another in a sensory cell. This is not yet accepted.

There is also a nucleus and nucleolus in each cell and these, too, contain chromatin bodies. The fibrils of the cell have no connection with the nucleus.

When a neuron is made to work, it undergoes certain manifest changes. (Hodge, *American Journal of Psychology*, Volume II., page 397.) Hodge was the first to prove this, and he described alterations in the form and appearance of the cell and its nucleus consequent upon its activity. There is a general diminution in the size of the cell, a lessened power to absorb staining substances, which may be taken as an evidence of imperfect power of assimilation and nutrition, vacuolation, which may be taken as a proof of the using up of its own substance, and also changes in the appearance of the nucleus which is decreased in size and changes from a smooth and rounded to a jagged and irregular outline. As the cell becomes changed in its structure by constant work, it becomes more and more exhausted, so that finally there comes a time when it is no longer capable of sending out impulses and requires a period of rest to make up what it has lost of form and to regain a store of energy. Vas (Vas, Ueber den Bau des Chromatins in den Symphatischen Ganglien. *Archiv für Mikroscopische Anatomie*, 1892, Heft III, p. 375) and Mann (Gustav Mann, *Journal of Anatomy and Physiology*, October, 1894) have described these more exactly. Vas showed that mild stimulation of a cell caused a swelling of its body and of the nuclei and a clearing up of the central part of the cell by an apparent movement of the chromatin bodies to its periphery. Mann showed that functional activity of the

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cell is accompanied by an increase in the size due to inhibition of the lymph lying in the cavity about the cell so that the cell at work fills up the cavity in which it lies. When activity goes on to the point of fatigue, then a shriveling up of the cell begins, first in the nucleus, then in the body. At the same time changes go on in the chromatin. During the period of activity the chromatin material is used up, so that a fatigued cell does not absorb staining material as does a cell at rest. While this is true of the chromatin bodies, it is not true of the dumb-bell-like bodies. These stain more deeply especially about the nucleus, so that in an exhausted cell the only stain is in and about the nucleus. These results have been reached by stimulating cells to work in living animals either by electricity or by keeping up movements, such as running or by exposing one eye to light, while the other was kept dark, and then contrasting the appearance of the cells made to work with those which were kept at rest.

It is evident, then, that we can now study the exact mechanical and chemical effects of nervous activity. When a stimulated cell is allowed to rest, it gradually resumes its original appearance ; but the period of rest must be adequate.

During the period of reconstruction the chemical activities going on in the cell are numerous and its power of assimilation of material furnished to it by the blood must be increased. If, however, anything interferes with this increased nutrition, such as an imperfect supply of blood or a deleterious substance of any kind in the blood, then the process of building up fails to take place. If we inject a solution of absinthe into the blood of a Guinea-pig and thus produce convulsions, there is evidence throughout the motor cells of the cortex of a marked change. In the outer layer of the cell body, a granular appearance is evident, vacuoles appear and the nucleus may be shrunken, much as in the cell which has been subjected to overwork. It is not necessary that the material circulating in the blood should be an extraneous poison. Toxic agents manufactured in the body itself as well as the toxic agents received from without are capable of effecting these changes in the neuron.

We see, then, that the active factors in interfering with the function and nutrition of a neuron are :

First. Exhaustion from over-work.

Secondly. Defective nutrition from imperfect blood supply.

Thirdly. Active poisoning, either by substances manufactured within the body or by substances received from without, either in the nature of poisons, of infective germs, or of their products. Here we have then a provisional classification of the causes of nervous diseases; for what is true of the neuron is true of the mass of neurons making up the nervous system.

Of course, in dealing with these causes of disease we start with the supposition that they are acting upon healthy neurons. If the neuron has never developed properly, if it is weak from the start, or if it has been stunted in its growth, it is evident that it is all the more liable to succumb to any hostile influence. The hereditary and congenital predisposition to nervous disease is a factor which must not be lost sight of in studying the etiology of these affections.

Let us study these causes of nervous disease a little in detail.

I. EXHAUSTION FROM OVER-WORK.

It is hardly necessary in this country, where every physician is constantly meeting cases of neurasthenia from over-work, to insist upon this factor in the causation of nervous diseases. The constant struggle for existence, the insatiable ambition of the majority of active workers and the constant overstraining of every energy in the attainment of wealth, position or fame, have become serious facts in American civilization and are laying the foundation not only for much distress and suffering in the present generation, but for a weakened and delicate nervous system in the next. We cannot emphasize too strongly the necessity of a proper balance between expenditure and supply of nervous energy. We realize easily enough in financial matters that a certain

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reserve deposit is necessary to comfortable living and that when expenditures exactly equal receipts, one is living on the verge of bankruptcy and there is no comfort in life, no sense of security, no feeling of power. It is only when there is a substantial balance to our credit, when we feel that an extra demand can be easily met from a reserve stock, that we can go our way in comfort and avoid constant anxiety. But if, on the contrary, expenditure exceeds receipts and obligations are piling up against us, there is not only a hampering in all financial undertaking, but there is a sense of inherent weakness, which makes one less confident in all efforts and keeps one trembling on the brink of ruin.

Now what is true in regard to one's financial situation may be taken as equally true of one's stock of nervous energy. Unless there is a surplus stored up in these neurons, enabling them to do their work without immediate exhaustion, there is no sense of reserve power and no sense of confidence in results. This manifests itself in the inability for continuous attention and effort, and the morbid fears of neurasthenia. Such a reserve stock of energy can only be attained by a proper nutrition and the avoidance of over-exhaustion. That exhaustion may show itself in many different ways. It may be in the projection or in the association neurons that it becomes evident, and then the phenomenon of paralysis of voluntary effort or of arrest in the association process necessary to thinking may occur. The first of these is perhaps best manifested in the diseases which we call occupation neurosis. The clerk who spends his entire day in the use of his pen, the banker who has to sign his name 2000 times daily, the pianist and violinist who plays too constantly, the telegrapher who has to press his key 500,000 times in ten hours, the cigarette roller who goes through the necessary motion of making a cigarette 30,000 times daily, the sewing woman who confines her work entirely to the making of button holes and repeats a single co-ordinative movement 16,000 times a day; all these individuals are subject to a form of exhaustion limited exclusively to the few neurons that are involved in the production of a single movement. And while every other portion of their bodies may be perfectly sound, and in every other way they may be in perfect health, they are physically incapable of reproducing this peculiar motion which their occupation has over-taxed. Nothing will cure them but rest.

But it is often said that work never kills anyone and that worry is the thing which tells. What is the nervous mechanism at the basis of worry? We must believe from recent investigation that all emotional processes and all mental activity involving emotion are attended by a change in the caliber of the blood vessels of the brain. This is perfectly apparent in extreme cases in the blush of modesty or the flush of anger or in the pallor of fright or of extreme rage. And what is visible in these excessive manifestations is going on to a less degree all the time in every mental process, which is attended by pleasure or by pain. We have already seen that this governing power of the blood vessels resides in the neurons contained within the sympathetic system and thus it becomes at once apparent that, under nervous excitement or over-work which is attended by emotional strain or worry, not only are the neurons presiding over the voluntary activity called into play, but also the neurons which regulate the blood supply. To every practicing physician there will occur numerous examples of neurasthenic conditions in which the vaso-motor system presented the predominant symptoms; *e. g.*, the sudden flushings, the sudden sense of rush of blood to the head or to other parts, or the sudden coldness of extremities, possibly persistent, with excessive sweating, or polyuria. All of these symptoms are evidences of an instability of vascular tone which can be traced directly to exhaustion of the neuron. One more example of a disease caused by over-work may be cited, viz.: paresis or softening of the brain; a disease which occurs chiefly in the higher classes and especially in those individuals who have manifested a high grade of mental activ-

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ity. The first evidence present is an evidence of exhaustion in the highest mechanism of thought. We have to believe that in various areas of the cortex are located neurons, whose function is to preside over and in a way direct the activities of other portions of the cortex, bringing them into harmony and order and directing their work in special lines. (See Flechsig, *Neurologisches Centralblatt*, 1894, October. See also *British Medical Journal*, February, 1895.) These may be considered as neurons of association and it is in these and in their numerous branches that the exhaustion first shows itself in this disease, paresis. It may be that many of the cases are to be traced as we shall see later, to poisoning by the toxic product of syphilis, but in any case it is the giving out of these higher cells of association which produce the first symptoms of the disease. Such a giving out is only a proof of exhaustion from over-work.

It is evident, therefore, that exhaustion from over-work is one of the potent causes of nervous disease, of a functional character. It may also be the cause of an organic affection. If we remember that over-work of a neuron is attended by a shrinkage in its natural size and if we accept the statement of Weigert, one of the greatest of living pathologists, that the process which we term sclerosis in the nervous system is merely a manufacture by nature of a supporting substance within the brain or cord to take the place of an atrophied nerve cell or fiber, then we may realize the possibility that exhaustion in the domain of certain functional activities may be the actual beginning of serious organic changes in nervous structure. We certainly know that in the nervous system sclerotic processes tend to develop and to be limited to tracts of a definite single function. Thus, posterior sclerosis affects exclusively the sensory tracts of the spinal cord, while lateral sclerosis affects exclusively the motor tracts and amyotrophic lateral sclerosis invades the entire motor system from the brain to the muscles. It is true that many have supposed that this limitation of sclerotic tissue to definite regions was due to some particular poison showing a selective action upon definite parts of the nervous system; as we know that strychnine, or aconite, or conium may show such selective action. But Weigert's statement appears to me to furnish a much more rational explanation for the peculiar distribution of these sclerotic processes which have been grouped together as the system diseases. The order then of causal factors would be: First, over-work. Second, exhaustion. Third, atrophy of neurons continued for a time and then followed by a growth of connective tissue in the form of a sclerosis limited to a functional tract. Edinger (Volkmann's Klinische Vorträge, N. F., No. 206) has recently developed this theory more fully and exhaustively than I can do at present. It will repay any careful student to read his argument.

(CONTINUED NEXT WEEK.)

ABORTIVE TREATMENT OF GONORRHEA.—Viceconti (*British Medical Journal*) draws attention to Guiard's treatment of gonorrhea by means of frequent washings out with weak solutions of permanganate of potash. He uses a vessel of a capacity of about 2 liters (quarts) for holding the solution; attached to this is a rubber tube 2 meters (yards) in length, fitted with a glass cannula and tap, so arranged as to be workable by the same hand that holds the nozzle in the penis. If the inflammation is confined to the anterior urethra, only a small quantity—about 5 or 6 grammes (3i to 3jss)— is allowed to flow in, and then immediately voided. About half a liter is the utmost that should be used at one sitting. The best results are obtained with weak solutions, for example, 1 in 10,000, the maximum being 1 in 5000. There should be two washings on the first, second and fourth day. On the third and last four days of the eight days' treatment only a single washing out is advised. The results obtained are very satisfactory. The stains produced by the solution may be removed by a 30 per cent. solution of bisulphite of soda.

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AN INTERESTING CASE OF TUBERCULAR MENINGITIS.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., MARCH 5, 1895.

By Frank Leech, M. D.,

Washington, D. C.

THE cases of tubercular meningitis are not rare, yet the indefinite and rather unusual manifestations which are recorded in this instance make it one of unusual interest to me as a general practitioner and I trust that it may so impress you all.

On January 31, 1895, I was called to see a young girl, who gave the following history :

Nellie A, white, aged 12 years, 4 months, residence, Washington, D. C.

Family history.—The father and mother are living and well, though the former is of a very nervous temperament, as is also the grandmother and several immediate relatives. Several uncles and aunts have died in the past three years from tuberculosis.

Previous condition.—She was considered a bright child and up to the spring of 1894 was always well. At that time she had an attack of grippe, accompanied by much pain in the left chest. The breast was much swollen and the temperature was very high. She was never as well afterwards. In November, 1894, while at school, she received a knock on the back, and since then she has had much pain, referred to the seat of injury. Her general health has failed rapidly and her whole nature has undergone a change. A physician saw her in December and diagnosed the case one of anemia associated with menstrual disorder, her menses having begun in November, 1893, continuing at irregular intervals. She was ordered tonics and cod liver oil, which for several weeks seemed to help her. At the first visit I was unable to make a thorough examination, but on February 2, 1895, I made the following notes in her case.

General appearance.—Tall and rather thin. Breasts developed and hair in axillae and on pubes. Anemic.

Nervous system.—Extremely irritable and cries out if touched on the body or limbs. The lower dorsal and upper lumbar region is especially sensitive and she says she has occasional pains extending from there to the sides and abdomen. Her brain is clear. Pupils equally dilated. Reflexes seemed exaggerated, though this is not certain, on account of her extreme irritability.

Respiratory system.—A physical examination of the chest shows on percussion a slightly higher note on the left side, behind and in front. On auscultation her breathing is less distinct on the left side, especially at the apex.

Digestive system. — The tongue is slightly red and dry. There is anorexia and constipation with some pain on pressure over the left lumbar region.

Circulatory system.—Her heart sounds are normal. Pulse, 116. Temperature, 100.2° F.

Treatment. — Rest in bed. Liquid diet. Salol, phenacetine and quinine in small doses ; bromides also.

February 4. Pain in back and sides continues. Extremely irritable. Appetite capricious. Constipation. Sleeps very little. Will not stay in bed. Brain clear. No paralysis.

February 8. Pain in the back and sides growing progressively worse. Examination of the urine gave negative results. Chloral and hyoscine were given to produce sleep. Temperature, 100.8°. Pulse, 124.

February 10. Dr. I. S. Stone saw the patient with me this afternoon. He thinks that it is possibly some disease of the vertebrae, causing spinal irritation or abscess along the psoas muscles. Treatment changed to iodide of potash and ergot, with tonics.

February 12. She cried out almost constantly, "Oh ! my poor back and

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my two sides and my stomach." She seems to suffer intensely. Her general condition is worse. Temperature, 101.8°. Pulse, 126. Dr. Stone saw her with me again. A most thorough examination was made under chloroform anesthesia. Nothing further developed.

February 14. The pain grows worse. She will not eat or in fact take any nourishment. Nutritive enemata started yesterday. Dr. W. W. Johnston saw her with me this afternoon. Bronchophony found at the left apex, otherwise the same. Chlorodyne and morphia were given as necessary. Temperature, 101.6°. Pulse, 116.

February 18. She has had several periods of comparative quiet today. Temperature, 103.2°. Pulse, 126. Delirious at times, though rational when spoken to.

February 20. Pain intense. Refuses all medicine and nourishment. Constipation. Passes urine frequently, though in small quantities. Insists on using the bed pan, which causes much pain. Great tenderness around the vulva and anus. Some stiffness and disinclination to move the legs. Very irritable. Dr. Johnston saw the patient again this afternoon. He thinks possibly a tubercular meningitis is developing. Treatment is calomel, ¼ grain every two hours. Morphia hypodermically. Omitted nutritive enemata. Temperature, 102.8°. Pulse, 124. Subsultus tendinum.

February 22. She seems brighter and took nourishment well. Remarked on the changes made in the furniture. Temperature, 103.6°. Pulse, 130.

February 23. The pain is intense. The neck is bent slightly backwards. Loss of voluntary motion below the waist.

Retention of urine relieved by hot applications over the bladder.

February 24. Atrophic changes have appeared over the bony prominences of the hips and legs. Complete paraplegia. She was catheterized. Her urine was ammoniacal and black in color. Temperature, 104.8°. Pulse, 135.

February 25. She is in a semi-comatose condition. Urine bloody and has an odor like aqua ammonia. Temperature, 107°.

She died at 2.40 P. M. Temperature, 108° ten minutes before death.

Autopsy.—February 25, 8 P. M. Body much emaciated and showing numerous spots of atrophic changes over the bony prominences. Rigor mortis not marked. The left lung was bound down by a mass of adhesions; the anterior and posterior upper lobe shows recent congestion. Lower, filled with miliary tubercles. The pericardium contained several ounces of serum. The cecum is greatly distended and bound down by adhesions. The bladder was distended with urine and greatly congested. The brain contained numerous tubercular deposits over the convexity and along the fissures of Rolando and Sylvius. The brain was covered with tubercles and a fibrinous exudate and the substance was softened, especially by the medulla. A section of the spinal cord was removed from the tenth dorsal to the lower lumbar vertebra and the dura was found thickened, and the arachnoid and pia mater were found opaque. Tubercular deposits were on the inner side of the dura mater. A pseudo-membrane was between the dura mater and the arachnoid extending completely around the cord. The specimen of the brain and cord were preserved and are in possession of the United States Army Medical Museum.

HEART DISEASE.—Pawinski (*Medical and Surgical Reporter*) compares caffein with strophanthus and digitalis as follows: In valvular diseases of the heart, with disturbance of compensation, digitalis and strophanthus are superior to caffein. In respect to regulating the heart rhythm, caffein is also inferior to the others; but in respect to excitation of diuresis, it is much superior. The best field for the administration of caffein is in diseases of the heart muscle, either functional or degenerative, and especially in the early stages of the disease. But in the later stages, when the heart in consequence of progressive degeneration of the muscle fibers is not able to perform its duty, and there are edema, dyspnea, and dilatation, then we must resort to digitalis.

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ANCIENT ATTEMPTS AT THE SUPPRESSION OF SYPHILIS.

By Robert B. Morison, M. D.,
Baltimore.

THE following translation from an old decree, which is taken by Dr. Mireur from a book by Dr. Astruc called "*Traité des Maladies Veneriennes, 1743,*" seems to be interesting enough to put before the physician of today as illustrating the struggle which has been going on so long to stamp out syphilis. It is translated from "La Syphilis et La Prostitution par le Docteur H. Mireur," Paris, 1888, and is based on ancient statistics for a public place of debauch in Avignon, made in 1347 by Jeanne First Queen of the Two Sicilies and Countess of Provence.

I.

In the year one thousand three hundred and forty-seven, our good Queen Jeanne allows a public place of debauch to be established in Avignon; she forbids all debauched women from living in the town, ordering them to be shut up in the place set apart for them and in order that they may be known they are to carry a red tag upon the left shoulder.

II.

Item. If any girl who has already fallen wishes to continue to prostitute herself, the turnkey or captain of police having taken her by the arm shall lead her through the town to the sound of the tambourine and with the tag upon her shoulder and shall place her in the house with the others; forbidding her from being found outside in the town under punishment of a private whipping for the first time and a public whipping and banishment if she repeats it.

III.

Our good Queen orders that the house of debauch be established in the street *Pont troué* near the Convent of the Augustins as far out as the Port Saint Pierre; and on the same side shall be a gate by which all shall enter but which shall be locked with a key in order to prevent any young man from seeing the women without the permission of the Abbess or bailiff's wife, who shall be elected every year by the Consuls. The bailiff's wife shall keep the key and shall warn the young people not to cause any trouble and not to treat badly or to frighten the "*filles de joye;*" moreover if there is the least complaint they shall be taken to prison by the police.

IV.

The Queen wishes that every Saturday the bailiff's wife and a surgeon proposed by the Consuls shall visit each courtesan; and if anyone is found who has contracted disease proceeding from her lewdness she shall be separated from the others, shall live apart so that she cannot indulge herself and that the disease may not be carried to the young people.

V.

Item. If any of the girls become pregnant the bailiff's wife shall take care that no harm comes to the child and she shall inform the Consuls, so that they may provide what will be necessary for the child.

VI.

Item. The bailiff's wife shall absolutely forbid any man from entering the house on Good Friday or Holy Saturday or the blessed Easter Sunday; under penalty of being arrested and whipped.

VII.

Item. The Queen forbids the "*filles de joye*" from having disputes, from being jealous of each other, from stealing and prating. She orders, to the contrary, that they shall live together like sisters; that if there are quarrels, the bailiff's wife shall be the judge and they shall be satisfied with the bailiff's wife's decision.

VIII.

Item. If a robbery occurs the bailiff's wife shall see that the theft is returned amicably; and if the guilty one refuses

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to return, she shall be whipped in a room by a policeman; but if she repeats the fault she shall be whipped at the hands of the public executioner.

IX.

Item. The bailiff's wife shall not allow any Jew to enter the house; and if it happened that any Jew being introduced, secretly or by "*finesse*" has an affair with any of the courtesans he shall be put into prison and whipped in all the public places of the town.

SOCIETY REPORTS.

THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD MARCH 5, 1895.

AT this meeting, held at the office of Dr. Clarke, the following pathological specimen was presented by Dr. Glazebrook. Atlas and axis taken from the body of the negro Forrester who was killed by a policeman while fleeing from arrest.

The bullet passed in a direction downwards and inwards, one-half inch below the superior curved line (left), one inch to the left of the ligamentum nuchae, through the trapezius muscle, passing over the transverse process of the atlas, then through the groove for the vertebral artery, cutting through the spinal cord, and flattening itself against the left posterior wall of the canal of the atlas.

Dr. Richardson read the paper of the evening, subject, INTUBATION.

Dr. Beatty opened the discussion. He said that the literature on the subject was so comparatively modern that he knew mothing to add to Dr. Richardson's paper. It seemed to him that intubation covered the field, and is to be preferred to tracheotomy.

Dr. Sprigg inquired as to the probability and danger of using too small a tube.

Dr. Snyder, while in the Immigration Bureau, had some experience with this operation. He thinks that Dr. Richardson's description of the modus operandi of introducing the tube is excellent. The thread should be watched. It is not an easy operation at first. The benefit secured to little patients is wonderful, that is the immediate or temporary benefit. He thought the physician should protect himself against the accident of having mucus or membrane coughed in his face; the wearing of eyeglasses, and using a towel or handkerchief over the mouth and nose, should be popular.

Dr. Compton thought the paper was the most complete on the subject that he has heard or read, particularly the detailed description of the operation of intubation. The obturator should always pass through the lower end of the tube, this is very important. Tube clogging in the act of the expulsion of membranes should be watched closely and when it occurs the tube should be withdrawn by the nurse, if the physician is not at hand, and for this reason it is necessary to always have a trained nurse in attendance on intubated patients. The mortality from intubation is slightly less than in tracheotomy.

Dr. Wilmer said that he was glad to hear Dr. Richardson's up-to-date paper. His experience was in 1878, and at that time the favorite position for the child during the operation of introducing the tube was by being held over the nurse's shoulder; he must admit that Dr. Richardson's position is the better. He had seen several cases of syphilitic stenosis in adults in which the tube was passed. One case of a man in whom the laryngeal sound was passed for a long time, and the use of tubes of increasing sizes, with gradually increased doses of iodide of potassium; finally relieved.

Dr. Compton said that during last summer while sojourning at Seabright, and visiting the Seabright County Children's Home, he saw two cases of diphtheritic stenosis relieved by intubation.

Dr. Van Rensselaer said he had witnessed the operation of intubation by Dr. Richardson several times, and never saw him fail to introduce the tube the first, or at most the second, trial.

Dr. Muncaster expressed a desire to know what proportion of recoveries Dr.

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Richardson had in the cases which he intubated.

Dr. Clarke said that he had never seen a case of tracheotomy or intubation recover.

Dr. Tompkins had seen Dr. Richardson introduce the tube and thinks that he is very skillful; he thinks with Dr. Compton that the thread should be left in the tube.

Dr. Frank Leech thought that parents will allow intubation, when they will not tolerate tracheotomy, consequently the operation will not be deferred too long.

Dr. Richardson in closing said that he did not mention a number of facts because he meant simply to describe the technique, and he follows out closely the description in his operation. No intubator would attempt to introduce a tube too small; a man who knows anything about his business could not make this mistake, as the tubes are graded according to age of the patient, and again the tube rests on the arytenoids so well as to obviate this difficulty. The holding of the thread taut while introducing the tube is the only way to prevent it getting twisted. Protection of the physician is a good suggestion. As to Dr. Compton's suggestion of leaving the thread in, it would be a good thing, but at best the patient complains of the thread more than the tube, and it allows the nurse to pull out the tube when it is really unnecessary, or the child might pull out the tube and stenosis kills it before the instrument could be introduced again. Dr. Wilmer went into the consideration of intubation in chronic cases, but he had applied his remarks to acute cases alone. The length of time the tube can be left in the larynx, as asked by Dr. Van Rensselaer; in chronic cases the tube is worn one and even three years, so no trouble is experienced in leaving it in except it be a difficulty in removing it when allowed to remain very long. Usually from five to seven days is the duration of time the tube is allowed to remain in acute cases. When fever is absent for twenty-four hours, it is quite safe to remove the tube. For six or seven hours after removing the tube, breathing becomes more difficult, but soon becomes normal. Percentage of cases of recovery, he has had nine or ten recoveries out of forty cases. He has intubated children practically dead, but has never intubated a child except one, in which all the relief that any operative procedure could afford was not experienced. Dr. Clarke asks about the obturator. There is no doubt that there is considerable tact and skill necessary to pass the tube, and this is only to be obtained by constant practice in passing instruments into the larynx, consequently the general surgeon is not as a rule qualified to perform intubation.

Dr. Compton read his paper, entitled TUBERCULAR MENINGITIS.

Dr. Frank Leech opened the discussion by saying the subject brought up a very interesting case in his own practice. He submitted the pathological specimen of this case affecting the base of the brain (see page 19) and lower portion of the spinal cord, with fibrinous exudate within the dura mater so great as to cause symptoms of compression. The case of Dr. Compton is very interesting because it is the only case on record in which fluid was drawn off from the spinal cord and patient recovered.

Before adjournment the Executive Committee announced the business of the next meeting as follows: Essay by Dr. Mackall; discussion to be opened by Dr. Cole. Essay by Dr. Kelley; discussion to be opened by Dr. Deale. Place of meeting, Dr. Van Rensselaer's. Time, March 19.

R. T. HOLDEN, M. D.,
Secretary.

MEDICAL PROGRESS.

THROMBUS OF THE VAGINA IN PREGNANCY.—Queirel of Marseilles (*British Medical Journal*) writes that a primipara, aged 19, when in the eighth month of pregnancy, was seized with pain after violent coitus, and a swelling rapidly developed and bulged out of the vulva. It formed a purple pyriform body four inches long and nearly two inches wide at its broadest part. It was evidently

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about to slough. Queirel applied forceps to the pedicle, cut it flush with the forceps, and passed four sutures through the pedicle behind the forceps. The instrument being relaxed, the sutures were tied; suddenly hemorrhage occurred as the last was being tightened. The mucous membrane had to be ligatured around the bleeding point. The patient was afterwards delivered at term, labor being spontaneous and perfectly normal. Queirel observes that this is the seventh case of thrombus of the vagina in pregnancy recorded in medical literature. In one (Auvard's) the thrombus was already sloughy when removed. The patient, as in all the other cases, recovered. The chief importance of thrombus of the vagina in pregnancy is, of course, this tendency to slough, which sets up an essentially dangerous complication. Fortunately removal of the thrombus and disinfection of the genital tract are easily effected.

* * *

HEART SURGERY NEXT?—A contributor to the *Medical and Surgical Reporter* suggests that the principles upon which wounds in other vital organs are dealt with by modern surgery might often be applied with equal success to the heart. In view of cases on record in which the heart has resisted the effect of gunshot and other wounds for hours and even days, it is at least open to discussion whether a surgeon might not open the pericardium, clean out the clots, and close the wounds in the heart wall, with a chance for the patient of recovery which certainly could not be lessened by the attempt. It is claimed that this is no more improbable now than the safe removal of a tumor from the motor area of the brain seemed to be in the recent past. That the application of sutures would necessarily stop the action of the heart is not proved; and if it should be, there would remain a question of possibly starting it again. The danger from the entrance of air into the circulation has been proved not so great as has been supposed. Drs. Hare and De Schweinitz of Philadelphia, who have done much work along the line of experimental cardiac surgery, have demonstrated that the intravenous injection of large quantities of air is not necessarily fatal.

* * *

ETIOLOGY OF LOCOMOTOR ATAXY.—Dr. Pitres of Bordeaux, says the London *Lancet*, has made extensive investigations in the hope of throwing light upon the still doubtful points in the etiology of this disease. His first results were published in a thesis by Dr. Bereni and comprised 225 cases. The influence of syphilis was found to be great but not overwhelming, and was by no means in keeping with recent ideas on the subject. In considering those cases in which the etiology was certain there were 125 out of 225—*i. e.*, 55.5 per cent.—and even in many of these cases the syphilis was associated with other causes of tabes dorsalis as hereditary joint affections, alcoholism, sexual excess, etc., so that the exact percentage which could safely be attributed to syphilis was reduced to 22.33 per cent. Of the other patients about 33.44 per cent. had no sign of previous syphilis, and twice during his experience Dr. Pitres has seen tabetic symptoms precede syphilitic manifestations, so that these statistics tend to show that though syphilis is a cause it is not by any means the only one, but that many other conditions also play their part in setting up the disease. There is also in Dr. Bereni's work a chapter on the investigation of the heredity of tabes, but no direct tendency to inheritance was found.

* * *

ERUPTION FOLLOWING VACCINATION. Dr. John E. Walsh of Washington, D. C., in an article in the *Virginia Medical Monthly* on vaccination, concludes as follows:

1. That eruptions following vaccination are comparatively rare, but more common than we supposed.

2. Eruptions are more liable to be produced in these who have suffered from some form of skin disease.

3. Where a skin disease is present, unless the presence of smallpox makes it necessary, it is better to postpone vaccination until it is cured.

4. That a deep ulcer at the point of

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inoculation is not necessarily a good vaccination.

5. As a rule, vaccination does not begin to take until the fourth or fifth day, and often as late as the seventh.

6. Do successive inoculations of a calf so attenuate the vaccine virus as to destroy its immunizing power?

* * *

MALARIA AND TYPHOID FEVER.—Through the South these two diseases will always affect each other and cause difficulties in diagnosis. Dr. George J. Preston, in the *American Medico-Surgical Bulletin*, in writing on this subject emphasizes these two points:

1. There are many cases in which the differential diagnosis between typhoid and malarial fever can be made only by the blood examination; this of course applies mainly to the early diagnosis. It is a well known fact that in malarial regions the therapeutic test is by no means always to be relied on. Physicians practicing in malarial regions are accustomed to send certain cases away from the locality in which they are living, in order to "break up" the malarial fever when it does not yield to anti-malarial remedies.

2. Although it is clear that there is no such disease as "typho-malarial fever"—that is, a blending of the symptoms of the two diseases—still, the two diseases may exist simultaneously, and when they are thus both present, the symptoms of each disease are fairly well defined.

* * *

ANEURISM OF AORTA CURED BY MACEWEN'S METHOD.—Bignone (*British Medical Journal*) relates the case of a man, aged 68, admitted into hospital, November 7, 1894, suffering from aneurism of the ascending aorta. He had much pain and sense of oppression behind the sternum, dypsnea, stertor, increased on swallowing, and dry barking cough. In the third sterno-intercostal space a rounded pulsating expansile tumor over which a systolic *souffle* could be heard. The radial pulses were equal. On November 30 two steel needles were inserted into the aneurismal sac, and allowed to remain for twenty-four hours, then withdrawn; similar treatment on December 4, 6, and 14. Satisfactory results followed immediately after the first operation, and finally the tumor was reduced to one-third its original size, and the pulsation almost disappeared. A last puncture was made on January 10; the needle seemed then to pass through a fibrous tumor to reach a small cavity in the center. The patient was now able to sit up all day, and walk about without any pain or discomfort.

* * *

GLUCOSE AND CANE SUGAR AS FOODS.—Dr. E. H. Bartley has found that since glucose has become a cheap commercial article it has found numerous uses in the arts and as an article of diet. He asks, in the *New York Medical Journal*, if there is a difference in the effect of cane sugar and dextrose and summarizes the difference in their action when eaten as a food as follows:

1. The former is a natural food while the latter is exceptionally so.

2. The latter undergoes lactic acid fermentation much more readily in the stomach and duodenum than the former, and interferes more with salivary and gastric digestion.

3. The latter is more rapidly absorbed than the former, owing to the gradual formation of dextrose from the latter during absorption. This rapid absorption may overtax the liver and oxidizing process in the tissues, preventing the proper destruction of waste products of cell action.

4. Clinical observations coincide with these deductions. The only doubt to be raised in this respect is as to how far the author has been able to separate the effects of the over-eating of cane sugar from those believed to be due to invert sugar or dextrose. The observations were began long before the reasons for the difference in the action of the sugars was known to the observer. These reasons are brought out here to explain the clinical phenomena.

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Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, APRIL 27, 1895.

THE Medical and Chirurgical Faculty of Maryland has finished the work of the ninety-seventh annual session and has done it well. Even with the disadvantage of the approaching great national convention so near at hand, the ardor of the State and city physicians was not dampened. The work was up to its usual standard and the discussions were spirited and instructive.

Medical and Chirurgical Faculty.

Particularly timely was the special subject of "Typhoid Fever in Country Districts." No theme, with few exceptions, occupies the medical mind more frequently at some seasons of the year than typhoid fever and especially is this disease an important item in the health records of country districts.

In large cities it is not always easy to trace a case of any disease, but in the country, especially remote from large settlements, a case of a communicable disease can often be accounted for. Whether typhoid fever comes through infected milk, water, food, or in other ways, the great point is to keep it off. Very likely it would be impossible to stamp out the disease entirely, and indeed, a case now and then is valuable (perhaps not for the patient) in order that persons may not grow too careless.

When a disease has been absent from a certain region for several years, persons grow careless towards it; all new material has sprung up and the first approach of the disease finds many victims. This is more especially true of the eruptive diseases which burn over a district once or twice until all available fuel is consumed and then do not return for several years, when new material has grown up.

The discussion of typhoid fever will always be interesting and instructive, as is shown by the number of persons who took part. While definite conclusions were not reached, the general ploughing up of old ground had its advantages and was refreshing to the lazy and busy members who do not read, but absorb.

The two addresses, one by Dr. Starr and one by the president, deserve mention. Dr. Starr entered very thoroughly as a specialist into his subject. His exposition of the cause of neurasthenia and the comparison with financial matters were particularly happy illustrations. When the individual exhausts nervous energy and overdraws his account, so to speak, there is very apt to follow a crisis and either a temporary embarrassment or a total failure which even the most skillful receivers (physicians) cannot prevent or remove.

Dr. Johnson, in his President's Address, showed the importance of prompt action in surgical cases and the evil effects of pernicious delay.

On the whole the meeting was a success and the venerable age of the society which in three years will celebrate its centennial shows that it is still strong and lusty in spite of its years.

* * *

AT a meeting this week of the Committee of Arrangements for the reception and care of the delegates to the American Medical Association, reports were read which showed that this committee with its various sub-committees had done excellent work and had completed all arrangements for a most fitting entertainment of this

American Medical Association.

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large body. The permanent secretary, Dr. W. B. Atkinson, says that this meeting will be a large one and for many reasons it should be a very memorable one. It has not met in Baltimore for twenty-eight years, or since 1867, a few years after the close of the war. The first meeting the Association ever held was in Baltimore. Baltimore has been called by some a slow city because it does not grow up in a night with a mushroom-like increase, but facts and statistics show that it has grown rapidly, steadily and solidly during the past twenty years and in a most substantial manner. Delegates who come here for the first time since the last meeting here will hardly know the city and will be surprised at the great facilities for study and training. The universities, colleges, the medical schools and preparatory institutions have already stamped Baltimore as a literary center and when it is considered that there are seven medical schools in this city and four in Washington at a distance of forty miles, the claim of a medical center is a very just one. In the days of wooden ships the Baltimore clipper was recognized everywhere and while there has been some falling off of that class of shipping since the clipper passed away, Baltimore has shown herself to be an important seaport and the nearest one to Chicago and the west. Her growth in a business way has gone hand in hand with the growth in a literary way and the libraries and fine institutes of learning will all be a source of wonder and admiration to the visiting physicians who will come here in the next few weeks. The local profession has been very generous in helping along the entertainment committee and the desire has been all along from the beginning to keep up a well earned reputation of a hospitable city. The list of public entertainments was published last week and besides this there will probably be numerous small private dinners, lunches and excursions, not on the programme ; but at the large general reception to be given on Thursday night every member of the profession in Baltimore should not only contribute his share, as so many have done, but he should come in person and help to welcome the guests and their families and show a true cordiality which is so becoming on such an occasion. The Committee of Arrangements is composed of men who not only will work but who have shown by solid results that they have worked. Now let all physicians who are not on this committee and who have not been called on, give their contributions and help these men who have given their time and energies to make this meeting a success. That praise may come to the profession of Baltimore and Maryland, let all physicians of the city and State do each one his and her part.

* * *

Medical Stenography.

ENGLAND has become much interested of late in the study of stenography for physicians and has formed a club or society with a journal on shorthand. In these days of quick action and many occupations, there should be a tendency towards condensation rather than expansion, and if papers and discussions are to be reported verbatim, medical journals will be more unreadable than they even are now. What the average man wants nowadays is facts and not padding and what the average writer gives to the public is a few facts with much padding.

Stenography has its uses, but it should not be introduced to preserve the senseless utterances of so many men before their societies. What is needed is not a rapid writer who can take down every word, but a man with clear judgment and full knowledge of the subject who can record what is important and leave out the unnecessary. Long introductions, tedious relation of numerous cases much alike, vain repetitions, all tire an audience and should not be also imposed on the reader who is wise enough to abstain himself. Let papers be as long as the rules of the society allow and the discussions within the time limit, but let the secretary make records in as few words as possible and then such records will be read.

Not only are there more medical journals in this country and perhaps abroad than are needed, but the simultaneous publication of the same matter in several of them shows that one at least could do the work of six. If long discussions and a tedious relation of many cases with self-adulation and self-advertising are to be published verbatim then the average journal will not be read at all.

Few medical writers at the present day can put forth matter that will stand a literary test. This is an age of condensation and hurry ; the laggard is left behind. Medical stenography will hardly find a foothold in this country.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 20, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		18
Phthisis Pulmonalis		21
Measles	52	1
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria.	9	3
Mumps		
Scarlet fever	14	1
Varioloid		
Varicella		
Typhoid fever		4

Three cases of beriberi have been reported on a vessel at Delaware Breakwater Quarantine.

There are twenty-five Bulgarian women studying medicine at the Faculty of Nancy in France.

The Flint Club of Baltimore will entertain some of the delegates of the American Medical Association.

It looks very much as if Asiatic cholera would break out again in Europe as soon as the warm weather has set in.

All the money necessary for the entertainment of the delegates to the American Medical Association has been pledged and most of it has been given.

The members of the Arundell Club of Baltimore will entertain the women physicians who visit that city as delegates to the American Medical Association.

The Louisiana Supreme Court has decided that the mere refusal of a druggist to fill a physician's prescriptions does not entitle the physician to damage for libel.

Subscribers to the entertainment fund of the American Medical Association will not receive tickets to the general reception on Thursday night until they have paid.

The Maine Academy of Medicine and the *Journal of Medicine and Science* have succeeded in having a bill passed by the Maine Legislature to regulate the practice of medicine in that State.

At the meeting of the Association of American Medical Colleges, the medical schools of Baltimore, with the exception of the Johns Hopkins Medical School, will oppose the proposition to require a four years' course.

Dr. Edward M. Schaeffer read a paper entitled "The Hygiene of Bodily Culture" at the Tenth Annual Meeting of the American Association for the Advancement of Physical Education, held at New York last Thursday.

In Brazil there is one medical school for every 7,001,167 population; in Russia one for every 14,403,317; in New York one to every 428,418; in Virginia one for every 551,999 and in Maryland one for every 178,478 population.

Dr. John Morris, the Secretary and Treasurer of the old Rocky Mountain Medical Association, will entertain the surviving members of that defunct body at the Athenaeum Club, Baltimore, on Tuesday evening, May 7, at half past six o'clock.

Dr. T. M. Drown of the University of Pennsylvania, class of 1862, has been elected president of Lehigh University. Dr. Drown was formerly Professor of Chemistry in that institution; later at the Boston Institute of Technology and more recently was chemist to the Massachusetts State Board of Health.

Dr. Edward Shippen, a retired surgeon, died in Baltimore last Monday at the age of sixty-eight. Dr. Shippen was graduated from the University of Pennsylvania and after serving as surgeon in the war practiced in Philadelphia and about fifteen years ago he made Baltimore his home. Dr. Shippen was a lineal descendant of Edward Shippen, the first mayor of Philadelphia.

The annual prize of 300 marks offered by Professor Unna of Hamburg for the best essay on some subject in the domain of dermatology was not awarded in 1894, and therefore the amount has been doubled for 1895. The subject selected for consideration is: "An investigation as to the accuracy of the propositions recently made that callagenous, elastic fibers and fixed (pigmented) connective-tissue cells dip down into the normal prickly layer." The competition is unrestricted. Essays must be submitted to Leopold Voss, Hohe Bleichen 34, Hamburg, before December, 1895, from whom also further particulars can be learned.

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WASHINGTON NOTES.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday night, April 17, Dr. T. N. McLaughlin, the Vice-president, in the chair.

Dr. I. S. Stone presented two very interesting specimens; one, enormous kidney affected with primary carcinoma. It was thought to be sarcoma at first but Dr. Reed of the Army Medical Museum examined it and pronounced it primary carcinoma. The other kidney of this patient was sound. The other specimen of Dr. Stone's was an uterus that had been removed by abdominal hysterectomy for sepsis following an abortion. The patient died. This case produced considerable discussion, Dr. H. L. E. Johnson maintaining that the operation of hysterectomy should not have been performed. He said that the most important thing was to find out what caused the sepsis. He had been called to see this patient when she was first taken sick and had sent her to the Columbia Hospital, where she was operated on by Dr. Stone. Drs. Reed, Bovée and Crosson also took part in the discussion.

Dr. J. Wesley Bovée presented several interesting specimens, two cases of Double Pyo-Salpinx and one of Tubal Pregnancy, with unusual complications. Dr. Atkinson gave a history of the case while he was in attendance before he sent her to Dr. Bovée. Dr. J. Taber Johnson was to have read the paper of the evening, entitled, "Treatment of Ovarian Tumors, including the Technique of Ovariotomy," but the discussion of pathological specimens had consumed so much time, that it was held over until the next meeting and the society adjourned.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday night, April 19. Dr. J. T. Johnson read an admirable paper on "Symptoms and Diagnosis of Ovarian Tumors." It was freely discussed by Drs. Bovée, H. L. E. Johnson, George Byrd Harrison and T. C. Smith.

Dr. G. B. Harrison reported a case of "Hysterical Croup." It was discussed by Drs. Cuthbert, H. L. E. Johnson, Francis S. Nash and George N. Acker.

The regular meeting of the Clinico-Pathological Society was held Tuesday night, April 16. The meeting was of unusual interest, there being two papers, which provoked considerable discussion.

Dr. Dillenbock read one, entitled, "Atresia of the Cervix in Pregnant Women," and Dr. W. S. Bowen read one on "Puerperal Eclampsia with Placenta Previa."

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

One Week ending April 22, 1895.

By direction of the President the retirement from active service April 18, 1895, of Colonel Joseph R. Smith, Assistant Surgeon General, is announced.

Leave of absence for six months, with permission to go beyond the sea, to take effect upon his relief from duty at Fort Columbus, New York Harbor, is granted Captain William P. Kendall, Assistant Surgeon.

Leave of absence for two months, to take effect on being relieved from duty at Fort Huachuca, Arizona, is granted Captain Rudolph G. Ebert, Assistant Surgeon.

UNITED STATES NAVY.

Week ending April 20, 1895.

Passed Assistant Surgeon G. McC. Pickrell detached from United States Ship "Newark," home and two months leave.

Assistant Surgeon L. H. Stone ordered to the United States Ship "Newark."

Passed Assistant Surgeon C. H. T. Loundes detached from Coast Survey Steamer "Hassler" and to Mare Island Hospital.

Assistant Surgeon C. M. De Valin detached from United States Ship "Vesuvius" and to the United States Receiving Ship "Vermont."

Surgeon Howard Smith, retired, leave extended six months to remain out of the United States.

BOOK REVIEWS.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By leading Authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In Twenty Volumes. Volume I. Diseases of the Uropoietic System. Volume II. Nutritive Disorders. New York: William Wood and Company. 1895.

Two volumes of this large library have already appeared and if those to come are as good, the twenty will form a very useful library. It will be necessary, however, to issue them rapidly in order that the first may not become antiquated before the last one appears and in that case they will have appeared long before the close of this century. The first volume contains sections on diseases of

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the kidneys, medical and surgical, bladder, prostate, male and female urethra and diseases of the urine, by which is probably meant pathological conditions of the urine. These articles are by such well known men as Delafield, Hurry Fenwick, Reginald Harrison, Lydston and Kelly. Delafield's consideration of the medical disease of the kidney is very full and rather too complex for clearness. All the other articles are good except Kelly's, which is excellent and far excels anything else in the book. In the second volume such as the late Dujardin-Beaumetz, Oertel, von Noorden of the European continent, Sir Dyce Duckworth, Archibald E. Garrod and Maclagan of London and Henry M. Lyman of Chicago contribute chapters. Such diseases as diabetes, rheumatism, gout and obesity are well treated, and in some cases are very thoroughly considered, not only from a therapeutic but also from a dietetic standpoint. Dr. Thomas L. Stedman has collected a representative set of men whose work will stand for many a day. The press work is all that could be desired.

COD LIVER OIL AND CHEMISTRY. By F. Peckel Möller, Ph. D. London, 43 Snow Hill, E. C.; Christiana, Norway: Peter Möller, New York: W. H. Schieffelin & Co. Copenhagen: A. T. Möller & Co.; 508 pages. 1895.

While this large volume is no more than it pretends to be, an advertisement of a firm that prepares cod liver oil for the market, it is really a most excellent work and contains much information given in an unbiased manner and written in a smooth, pleasant and rather witty way. The geography and geology of Norway and its extensive coast line and the natural beauties of that large country are very well described in the first part of this book. The manner of preparing the oil from the preparations for sailing to the bottling of the products is all given. P. M. Heyerdahl has contributed a chronological synopsis of the chemical researches on cod liver oil and other studies. The second part of this book on the Law of Atomic Linking is very graphic and most unsparingly illustrated.

REPRINTS, ETC., RECEIVED.

Annual Report of the Health Department, City of Baltimore, 1895.

Transactions of the American Orthopedic Association. Eighth Session. Volume VII.

CURRENT EDITORIAL COMMENT.

THE HYGIENE OF PUBLIC SCHOOLS.

Fort Wayne Medical Magazine.

THAT there is need for greater precautions against the spread of infectious and contagious diseases by and through such institutions as public schools, there is probably no one who will deny. Certainly no physician will controvert the fact, for he doubtless knows many instances of their baneful effect in this direction. We have known of their influence in the spread of many contagious diseases, and oftentimes have been able to trace the origin of an outbreak to a certain schoolroom and have seen the victims limited almost entirely to pupils of that grade and school.

STATUS OF ETHER IN GERMANY.

Therapeutic Gazette.

SPEAKING from personal experience, the writer is fully in accord with Bruns when he states that effects other than an ephemeral irritation of the mucous membrane are to be attributed to impurities in the drug, since with less carefully prepared preparations there is nearly always more prolonged and violent vomiting, at times serious bronchitis, and exceptionally spitting of blood or pulmonary edema, these complications no longer developing on adoption of the standard preparation. It is apparent that though there are some individuals who have reverted to the more rapid and more pleasant chloroform, ether is steadily gaining ground in Germany, and will ultimately be as generally used.

HIGHER MEDICAL EDUCATION.

University Medical Magazine.

HOSPITAL authorities could, in time, be brought to see that it is to the highest interests of the community and of their own patients to aid to the utmost in the acquisition of medical knowledge. It seems to us, also, that it would be perfectly proper that the State, when applied to for aid to hospitals, should couple the grant with a proviso that clinical teaching should be permitted in the wards under suitable regulation. The State has already, in its passage of the bill establishing a State Board of Medical Examiners, insisted that future practicing physicians must have higher attainments in knowledge and skill, and by encouraging clinical teaching in hospital wards it would provide the means to this end.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 3. BALTIMORE, MAY 4, 1895. WHOLE NO. 736

ORIGINAL ARTICLES.

HARVEY'S TREATMENT.

AS TOLD BY ONE OF HIS PATIENTS; A LETTER FROM THIS PATIENT TO SIR KENELM DIGBY ON THE FORMATION OF THE SOUL.

READ BEFORE THE JOHNS HOPKINS MEDICAL HISTORICAL SOCIETY.

By John Morris, M. D.,
Baltimore.

THACKERAY, one of the wisest of critics, and most genial and appreciative of men, wrote as follows:

"Montaigne and Howell's Letters are my bedside books. If I wake at night, I have one or the other of them to prattle me to sleep again. They talk about themselves forever, and do not weary me. I like to hear them tell their old stories over and over again; I read them in the dozy hours and only half remember them. . . . . I love, I say, and scarce ever tire of hearing the artless prattle of those two dear old friends, the Perigourdin gentleman, and the priggish little clerk of King Charles' Council."

Of course the "Perigourdin gentleman," dear Michael Montaigne, is known to all of you, but the author of the Epistolae Ho-Elianae from which I quote the letter to Sir Kenelm Digby is, I am sure, a stranger to many of my hearers.

His name is James Howell. He was a gentleman by birth and the son of a clergyman of large family, as was usual in those days. He was born in 1594, "about the midst of the dog days," and was one of fifteen children. His elder brother, Thomas, was afterwards made Bishop of Bristol. Strange as it may appear, though Howell is mentioned by Anthony à Wood, in his "Athenae Oxonienses" and Fuller in his "Worthies," his name is not to be found in any of the modern cyclopedias, not even the British; there is, however, an article on Howell in the "Biographia Britannica." It is only necessary for me to state that he filled many positions of importance both at home and abroad.

The first edition of his letters appeared in 1645 and from that time until 1754 eleven editions were called for, after which they fell into a condition of inocuous desuetude. In 1890 a cheap edition was published, and since then an edition de luxe has appeared.

We learn from these letters that Howell first fell into the hands of Doctor Harvey after a return from a three years' absence on the Continent. He came back safely, but suffering from the effects of a sickness that had troubled him at Oxford, which had returned during his long forty days' voyage from Spain to Italy. Doctor Harvey warns him that unless he has an issue in his arm closed up he is in danger of falling into consumption.

Howell thus describes his illness in a letter to his father:

"SIR:—It hath pleased God, after almost three years' peregrination by land and sea, to bring me back safely to Lon-

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don; but although I am come safely, I am come sickly; for when I landed in Venice, after so long a sea voyage from Spain, I was afraid the same defluxion of salt rheum which fell from my temples into my throat in Oxford, and distilling upon the uvula impeached my utterance a little to this day, had found the same channel again; which caused me to have an issue made in my left arm for the diversion of the humour; I was well ever after till I came to Rouen, and there I fell sick of a pain in the head, which, with the issue, I have carried with me to England. Doctor Harvey, who is my physician, tells me that it may turn to consumption, therefore he hath stopped the issue, telling me there is no danger at all in it; in regard I have not worn it a full twelve-month."

Harvey had just returned from Padua and was getting into fashionable practice at this time. He had no doubt met Howell at Padua, where they were both sojourners. He was afterwards sick in Paris, so dangerously that he thought he would never be able to write to his father again.

The following letter written to his father gives an account of this illness:

"SIR:—I was afraid I should never have had ability to write you again, I had lately such a dangerous fit of sickness; but I have now passed the brunt of it; God hath been pleased to reprieve me, and reserve me for more days, which I hope to have grace to number better. Mr. Altham and I having retired to a small town from Paris for more privacy, and sole conversation with the nation, I tied myself to a task for the reading of so many books in such a compass of time; and thereupon to make good my word to myself, I used to watch many nights together, though it was in the depth of winter; but returning to this town, I took cold in the head, and so that mass of rheum which had gathered by my former watching turned to an imposthume in my head, whereof I was sick about forty days; at the end they cauterized and made an issue in my cheek, to make vent for the imposthume, and that saved my life. At first they let me bleed, and I parted with above fifty ounces in less than a fortnight; for phlebotomy is so much practised here, that if one's little finger ache, they presently open a vein; and to balance the blood on both sides, they usually let blood in both arms. And the commonness of the thing seems to take away all fear, insomuch that the very women, when they find themselves indisposed, will open a vein themselves; for they hold, that the blood which hath a circulation, and fetcheth around every twenty-four hours about the body, is quickly repaired again. I was eighteen days and nights that I had no sleep, but short imperfect slumbers, and those, too, procured by potions; the tumour at last came so about the throat, that I had scarce vent left for respiration; and my body was brought so low with all sorts of physic, that I appeared like a mere skeleton. When I was indifferently well recovered, some of the doctors and chirurgeons that tended me gave me a visit; and amongst other things, they fell into discourse of wines, which was the best, and so by degrees fell upon other beverages; and one doctor in the company who had been in England told me that we have a drink in England called ale, which he thought was the wholesomest liquor that could be got into ones' guts; for whereas the body of man is supported by two columns, viz., the natural heat and radical moisture, he said, there is no drink conduceth more to the preservation of the one, and the increase of the other, than ale; for while the Englishmen drank only ale, they were strong, brawny, able men and could draw an arrow an ell long; but when they fell to wine and beer, they are found to be much impaired in their strength and age; so the ale bore away the bell among the doctors."

An amusing extract is to be found in a letter from Antwerp written to his friend, Sir John Smith, Knight.

"We are now in North Holland, where I never saw so many, among so few, sick of leprosies; and the reason is because they commonly eat abundance of fresh fish. A gentleman told me that the women of this country, when they are delivered, there comes out of the womb a living creature besides the

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child, called *Zucchie*, likest a bat of any other creature, which the midwives throw into the fire, holding sheets before the chimney lest it should fly away."

This last wonderful phenomenon now no doubt alludes to *Sooterkins*, though these small creatures are supposed to be generated by the heat beneath the petticoats of the Holland women who, accordings to Goldsmith, keep a lighted brazier there to light their husband's pipes. Pope speaks of "Sooterkins of wit."

The following letter was addressed from Madrid, where Howell was one of the Embassy of the Duke of Buckingham and Prince Charles:

"*To Sir Kenelm Digby, Knight.*

"SIR:—You have had knowledge (none better) of the progression and growings of the Spanish match from time to time; I must acquaint you now with the rupture and utter dissolution of it, which was not long a-doing; for it was done in one audience that my Lord of Bristol had lately at Court, whence it may be inferred that it's far more easy to pull down than rear up; for that structure which was so many years a-rearing was dashed, as it were in a trice; dissolution goeth a faster pace than composition. And it may be said, that the civil actions of men, especially affairs of monarchs (as this was), have much analogy, in degrees of progression, with the natural production of man. To make man there are many acts must precede, first a meeting and copulation of the sexes, then conception, which requires a well-disposed womb to retain the prolifical seed, by the constriction and occlusion of the orifice of the matrix; which being seed first, and afterwards cream, is by a gentle ebullition coagulated, and turned to a crudded lump, which the womb by virtue of its natural heat prepares to be capable to receive form and to be organized; whereupon nature falls a-working to delineate all the members, beginning with those that are most noble; as the heart, the brain, the liver, whereof Galen would have the liver, which is the shop and source of the blood, and Aristotle the heart, to be the first framed in regard 'tis *primum vivens* and *ullimum moriens*. Nature continues in this labour until a perfect shape be introduced; and this is called formation, which is the third act, and is a production of an organical body out of the spermatic substance, caused by the plastic virtue of the vital spirits, and sometimes this act is finished thirty days after the conception, sometimes fifty, but most commonly in forty-two or forty-five, and is sooner done in the male. This being done, the embryo is animated with three souls; the first with that of plants called the vegetable soul, then with a sensitive, which all brute animals have, and lastly, the rational soul is infused; and these three in man are like Trigonus in Tetragono, the two first are generated ex Traduce from the seed of the parents but the last is by immediate infusion from God, and 'tis controverted 'twixt philosophers and divines when this infusion is made.

This is the fourth act that goeth to make a man, and is called animation, and as the naturalists allow animation double the time that formation had from the conception, so they allow to the ripening of the embryo in the womb and to the birth thereof treble the time which animation had; which happeneth sometimes in nine, sometimes in ten months. (Howell here compares these degrees of progression to the Spanish match which at that time was sought to be brought about between the Infanta and Prince Charles, afterwards Charles the First of England.) First there was a meeting and coupling on both sides, for a Junta in Spain, and some select Counsellors of State were appointed in England. After this conjunction, the business was conceived, then it received form, then life (tho' the quickening was slow), but having had near upon ten years in lieu of ten months to be perfected, it was unfortunately strangled when it was ripe ready for birth; and I would they had never been born that did it, for it is like to be out of my way 3.000 l. And as the embryo in the womb is wrapped in three membranes or tunicles, so this great business, you know better than I, was involved in many difficulties, and died so entangled before it could break through them.

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THE CAUSATION OF NERVOUS DISEASES.

AN ADDRESS DELIVERED BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AT ITS NINETY-SEVENTH ANNUAL SESSION.

By M. Allen Starr, M. D., Ph. D.,

Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, New York. Consulting Neurologist to the Presbyterian and Orthopedic Hospital and to the New York Eye and Ear Infirmary.

(CONCLUDED FROM LAST WEEK.)

II. DEFECTIVE NUTRITION FROM IMPERFECT BLOOD SUPPLY.

The first essential in the maintenance of proper nutrition of the neuron, that it may not only keep up its supply of energy, but recover from the effects of exhaustion, is a proper supply of nutrient material which is necessarily brought to it by the blood. There is no part of the body which is more plentifully supplied with blood vessels than the nervous system. There is no part every cell of which is so constantly bathed in the vital fluid as the nerve cell. The importance of this supply, not only in keeping up the nutrition of the cell, but also in enabling it to resist extraneous influences of a toxic or infectious nature, is well demonstrated by an interesting experiment of Roger. Roger cut the sympathetic nerve on one side of the neck of animals, thus increasing the blood supply upon that side, and saw erysipelas, which he had inoculated into the ear of the same side, disappear, while on the other side it continued to develop. In another instance, instead of the sympathetic, he cut the auriculo-temporal nerve thus depriving the tissues of those normal nervous impulses which regulate their nutrition. Then the reverse result was observed, for the streptococcus developed more readily on the side of the section. He thus proved that when a part is flushed with blood and its nutrition is correspondingly increased, it is enabled to throw off and resist external influences of a deleterious character. If, however, the blood supply of any portion of the nervous system is cut off we obtain at once effects of a most disastrous character.

The effect of a lack of nutrition in the neuron has been carefully investigated by Lubinow. He starved a dog for a period of ten days in such a manner that it lost thirty per cent. of its bodily weight ; then after trephining he removed a small piece of brain ; he then fed the animal so that finally it returned to a normal condition. During the period of feeding, pieces of brain tissue were removed for examination four, six and eight weeks after the end of the starvation period, each time a new trephine opening being made. In the pieces removed at the end of the starvation period there was a decided transformation of the cell protoplasm, part of which had disappeared entirely. The nuclei were pale ; around the cells were leucocytes, which in some instances had penetrated the cell. After refeeding for four weeks, when the animal had apparently turned to its normal physical condition, the brain tissue still presented very marked changes, showing a further decay and atrophy of the cells; of some cells only the nuclei were left, in others a narrow border of protoplasm was seen around the leucocytes; the neurons were intensely stained and coarsely granular ; in some cases, the cells had entirely disappeared ; the leucocytes were increased ; occasionally the nucleus had become kidney-shaped and it appeared as if the leucocytes were entering the cell. Thus, the process of degeneration in the nerve cells had gone on in spite of the increase in the general bodily nutrition. After six weeks, however, the regeneration of the cells was found to have begun around the nucleus. A finely granular and deeply stained protoplasm had begun to

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accumulate and in some cells this protoplasm appeared to be bulging out the wall of the cell, as if for the development of new processes. There were fewer leucocytes around the nucleus and none were seen around the protoplasm of the cell. After eight weeks of refeeding, the cells had approached more nearly to the normal condition, with the exception of the protoplasmic process, which still remained rudimentary.

The trace of impaired nutrition in a nerve cell remained for a considerable time after the general nutrition had been resumed. This is quite in accordance with the clinical experience of the slow recovery from conditions of nervous exhaustion, when there is no organic disease.

The condition of impaired nutrition produced experimentally by starvation is quite comparable to the impaired nutrition that must follow the arrest in the blood supply. It is only recently that the dependence of many so-called nervous diseases upon disease of the blood vessels has been fully appreciated, although the statements of Heubner and of Gowers upon this subject were first put forward many years ago. Diseases of the blood vessels are certainly very common. They constitute the primary condition in a long list of syphilitic affections. They are the starting point of many cases of chronic nephritis. They are also the essential lesions in the vast majority of diseases of old age. And when we realize that hemiplegia, aphasia in its different forms, hemianopsia and hemianesthesia are usually due to a stoppage within the blood vessels produced by embolism and more frequently by thrombosis, or else are due to a rupture of the vessel wall, we see how large a part of ordinary so-called nervous disease is really secondary to a vascular affection. The various forms of cerebral softening are due to a cutting off of the blood supply; and the various conditions grouped together under the term cerebral atrophy, to which are to be traced the forms of imbecility, idiocy and paralysis of childhood are also due to disease of the blood vessels. Lately it has been shown that many spinal cord diseases are dependent upon the same cause. Some cases of infantile spinal paralysis and many cases of myelitis, either disseminated or transverse, as well as some forms of sclerosis, are to be ascribed to defective blood supply, from a plugging of the spinal arteries. It has been recently stated that the layer of cells lining the blood vessels are really secretory cells. If this is accepted, then diseases of the tunica intima increase in importance and it is not impossible that the origin of many pathological processes may be traced to the blood vessels.

It is very easy to appreciate effects of blood stasis, such as occur in valvular disease of the heart. It is probable that much is still to be learned regarding the pathology of the capillary circulation and of the effects of stasis limited to it. Any one who has watched this circulation under the microscope, in the web of a frog's foot, has seen the sudden stoppages, the resumption of blood flow, the piling up of red corpuscles in one part, the sudden changes in the direction of the blood flow in consequence, and the very irregular and spasmodic passage of the current through these fine capillaries, and must have been impressed with the fact that temporary or permanent changes in this capillary circulation are capable of causing marked effects upon the nutrition of the cells which surround these capillaries. It is impossible for any obstruction in the blood supply to occur for any length of time without producing marked effects. It may be stated without contradiction that many neurasthenic conditions with lack of nerve energy, headache, feelings of depression, conditions of discomfort, with vertigo, inability to concentrate the attention, insomnia, morbid fears and general nervousness, which are so common in endarteritis chronica with atheromatous or specific changes, and which constitute the prodroma of apoplexy, may be traced to such obstruction in the blood flow. It is also probable that many of the manifestations of hysteria can be best explained by a sudden suspension of nerve activity due to a spasmodic contraction of the blood vessels, either peripheral as in the retina or

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acoustic nerve or extremities, producing sudden blindness, deafness, anesthesia, or within the brain as in the states of morbid intellectual and moral action so often seen in this disease, and evidently due to a lack of self-control.

It is thus evident that many organic and functional diseases of the nervous system can be traced to imperfect blood supply.

III. ACTIVE POISONING OF THE NEURON.

(A) BY POISONS PRODUCED WITHIN THE BODY.

The effect of work is to use up the tissues and to produce waste products which have to be carried away and thrown off. These waste products are in themselves injurious to the organism. It has been found that if the blood from a fatigued animal is transfused into one that has rested, the latter shows every sign of fatigue. (The Insanity of Overexertion of the Brain, J. Batty Tuke, Edinburgh, 1894.) This proves that activity must give rise to products of decomposition which affect the organism as poisons. Hence a free elimination of waste products is essential to healthy recuperation after work. It is just as essential to clear away the ashes as it is to feed the fire with coal. The oppression felt by confinement in a close atmosphere, as in a badly ventilated theater or church, where the waste products of the crowd permeate the air and poison every individual, affords a proof of the constant manufacture of deleterious substances within the body, which need to be removed. I believe that much of the benefit derived from the use of mineral waters is due to the fact that they increase the elimination of these waste products.

It is unfortunate that at present so little is known in regard to the chemistry of nutrition. While general facts are at our disposal in regard to the ordinary types of nervous distress attendant upon indigestion in the stomach or intestines, or irregularities in the action of the liver or of the pancreas, or of the kidneys, yet we really have few precise statements in regard to the actual chemical disturbances produced by these diseases. A great deal has been written of late about the evil effects of uric acid, especially by Haig of London. (Uric Acid in Disease, London, 2d edition, 1894.) Haig's statements do not, however, bear analysis and critical examination, as Roberts (Roberts, *Lancet*, 1894) and Herter (Herter, *Journal of Nervous and Mental Disease*, February, 1895, Review of Haig) have conclusively shown. That in many abnormal conditions an excess of uric and of indican is a constant manifestation must be admitted. But Herter is inclined to conclude that the excess of uric acid in the urine which is met with in disease is to be regarded as the result and expression of general nutritive disturbance or digestive disorders and not as the cause of disease. Horbaczewski has proven that uric acid is largely derived from the nuclein in the neuclei of the body cells, in consequence of their breaking down. Now we have already seen that such a breaking down takes place in nerve cells under over-work or after starvation. Hence, the uric acid may be taken as evidence of a disintegration in nervous tissue. The researches of Herter have demonstrated that certain methods of diet, notably the milk diet alone, or a diet from which starch and sugar is rigidly excluded, have a marked effect not only in changing the general chemistry of digestion and in decreasing the proportion of uric acid and indican in the excretions, but also in producing very marked changes in many nervous symptoms, such as the symptoms common to neurasthenic patients, various forms of headaches, vertigo, inability to do mental work, general malaise and even the explosion of epilepsy.

In confirmation of this last named fact, I could bring forward a considerable number of interesting cases. I will cite but one. A confirmed epileptic patient had for several months been under my care taking bromides daily and eating freely. Her average number of attacks was ten severe and fifty slight attacks per month. Herter found that the relation of uric acid to urea in her case was high. The following table shows this relation and the number of attacks:

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Date.	No. of attacks.	Relation of uric acid to urea.
March 1,	2 petit	1 to 32.5
" 2,	2 "	1 " 34.2
" 3,	1 "	1 " 32.4
" 4,	3 "	1 " 32.5
" 5,	3 " 2 grand,	1 " 36.8
" 6,	5 "	1 " 39.2
" 7,	0 attacks	1 " 43.2
" 8,	2 "	1 " 39.2

On March 9, this patient was put on a rigid milk diet, no change being made in her manner of life, or in the amount of her bromides.

Date.	No. of attacks.	Relation of uric acid to urea.
March 10,	2 petit	1 to 61.4
" 11,	0 attacks	1 " 66.1
" 12,	0 "	1 " 76.5
" 13,	0 "	1 " 85.8
" 19,	1 grand mal	
" 24,	2 " " 4 petit	
" 25,	1 " " 1 "	
April 4,	1 petit	
" 18,	1 grand	
" 19,	1 "	
" 25,	1 "	
" 28,	2 " 2 petit	

The table shows the immediate reduction in the amount of uric acid excreted to one-half and the great reduction in the number of attacks. Thus instead of fifty attacks of petit mal as in February, she had but three in April and instead of ten grand mal attacks as in February, she had but five in April. It was interesting to note that a very obstinate constipation preceded each attack in April and coincident with this there was a temporary rise in the uric acid. The subsequent history of this patient, who is still under my care, has proven conclusively that there is a direct relation between the occurrence of attacks and a disturbance of nutrition—that autoinfection is the cause of her epilepsy. I think it may be safely said that one-third of the epileptics in the community are suffering from this type of the disease.

It is well known that many of the so-called gouty manifestations of a nervous character can be temporarily relieved by great restrictions of diet, or by the administration of alkalies. The intense headaches observed in gouty people can be avoided by eating meat and green vegetables and by drinking a quantity of water. This fact offers another proof that disturbances in the chemistry of the system are responsible for many nervous conditions. We know that in chronic nephritis, in which there is a tendency to the accumulation of urea and of other poisons in the blood, nervous manifestations are of constant occurrence, and here again the importance is apparent of limitations in diet and of such measures as will eliminate the poisonous substances from the blood, in order to remove the nervous symptoms. All these facts impress upon the observer the importance of a careful study of diet and of agents which affect digestion and also of the use of water in the treatment of many nervous conditions, which latter agent is often of vital importance, either in increasing the rapidity of chemical changes, or in washing out from the system the products of abnormal chemical action.

I cannot leave this subject without calling attention to the probable factor, which autointoxication plays in many mental diseases. In mild melancholia, for example, we see a constant periodicity in the symptoms. The patient is awakened early in the morning by the feeling of mental distress, anxiety and despair. He lies awake for hours. He has little energy to get up, and none for work. As the day goes on he becomes brighter. In the afternoon, he can be easily interested and will undertake various things, and by evening almost all trace of the mental affection may be gone and he feels quite well and happy. Sleep comes easily, but only to be interrupted again as before by the onset of the symptoms. The only rational interpretation seems to be the development during the first hours of sleep of a poison whose action is intense—the elimination during the day of that poison—the freedom from it at night. The symptoms are due to intoxication from within, the toxine being, however, thus far unknown and not reached by antidotes.

An additional proof of the liability of the nervous system to suffer from dis-

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turbances in the chemistry of nutrition is afforded by the natural history of the disease myxedema. We now know that this extraordinary affection, which is attended by so many curious symptoms of a trophic nature in the skin, hair and mucous membranes, is also characterized by marked mental symptoms which may lead to active insanity, to hallucinations and to dementia. We know that all the symptoms are due to an absence of the normal secretion of the thyroid gland from the blood, and that by supplying the patient with thyroid extract of the sheep, we can entirely remove not only the physical, but also the mental symptoms, thus restoring him to health of body and of mind. The interesting fact has also become known that if too much of this thyroid extract is given to such a patient, symptoms of great nervous irritability are produced which resemble closely the symptoms of exophthalmic goiter, and the theory is now current that many of the distressing symptoms of this affection are due to an excess of thyroid secretion in the blood.

Surely these facts afford conclusive evidence that the nervous system is affected by poisons manufactured within the body; that autointoxication is a potent factor in the etiology of nervous disease.

(B) BY POISONS RECEIVED FROM WITHOUT.

That the nervous system is particularly susceptible to the influence of certain poisons, especially lead, arsenic, mercury, strychnine, aconite, and also to alcohol, has been long known. The various forms of lead tremor and lead palsy, of mercurial tremor, of arsenical multiple neuritis and of alcoholic multiple neuritis, are so familiar that they need not detain us. It may be interesting, however, to call attention to the fact that Andriezen has recently been able to detect the series of changes going on in the cells in the cerebral cortex occurring in alcoholic insanity. He has shown that the first changes produced in this disease are of the nature of a softening and swelling of the protoplasmic branches and of the fine collateral fibers of the nerve cells, that the next changes occur in the cell body and in the long apex projection, which is characteristic of the pyramidal cell of the cortex. These changes consist of a gradual disintegration and breaking up of the cell body, until finally the cell protoplasm gets vacuolated from within and this continues till the whole internal protoplasmic structure is channeled and tunneled by such holes and seams of liquefaction. Andriezen attempts to correlate these pathological changes with the clinical course of alcoholic insanity. He believes that the slowness in all processes of association, the delay of the reaction time, the diminished faculty of attention and volition and the imperfections of memory, are to be traced to the changes in the fibrils and protoplasmic processes, which interfere with the associated action of the various neurons. He believes that the dementia and the loss of muscular power, which ensue later, are to be related to the destructive process in the cell body. If this destructive process has gone on beyond the power of regeneration the disease progresses to chronic alcoholic dementia. If, however, regeneration is possible, recovery ensues.

Time will not permit of any further reference to the changes produced in the nervous system by this type of poisons. I must go on to speak of a more important class of poisons, whose action upon the nervous system has but recently been realized, namely, infective toxines produced by germs. It is only within the past few years that the fact has been admitted that infectious diseases of various kinds play a part in the etiology of nervous diseases. Everyone is familiar with the fact, that nervous symptoms have been very clearly recognized as constantly attendant upon the development of infectious diseases. Thus the occurrence of headache, delirium and convulsions at the onset of most acute infectious diseases and the subsequent relaxation and weakness of the muscular system and the hebetude of mind occurring in the course of these affections demonstrate the direct action

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of the poison upon the neuron. It is now possible to trace a considerable number of nervous diseases directly to the invasion of the system by germs. It is known that tetanus, hydrophobia, diphtheritic paralysis, meningitis, cerebral abscess, leprous neuritis, beri-beri, many forms of multiple neuritis and some varieties of encephalitis and myelitis, are distinctly due to germ infection. It is also believed that disseminated sclerosis in some cases may be ascribed to infection and that there are many forms of neurosis and some forms of insanity which are traceable to the same cause. For the evidence in proof of these assertions, I must refer you to the discussion of the relation of infective processes to diseases of the nervous system at the last meeting of the Congress of American Physicians and Surgeons in Washington, 1894, and especially to Dr. James J. Putnam's recent article in the *American Journal of the Medical Sciences*, March, 1895. It has been shown that the infective agents in these diseases, whether germs or toxines, have a direct action upon the neurons and produce changes in the structure of the neuron, which remind us of the changes described already as produced by exhaustion and by imperfect nutrition.

These have been most carefully studied by Golgi in his investigations on the effects of inoculations by the toxine of rabies. He describes changes both in the cell body and in the nucleus. The body becomes shrunken, vacuolated and granular. The nucleus is crenated and the chromatic bodies are deeply stained. Golgi has also noted changes in the protoplasmic and axis cylinder processss, both being swollen at points so as to give a varicose appearance, and being in a state of granular disintegration like the cell.

If we accept the fact that infective agents may attack the nervous system to the exclusion of other parts of the body, a new light is thrown upon the clinical history of certain diseases of the nervous system, whose origin has hitherto been obscure. One of these diseases is infantile paralysis or anterior poliomyelitis. If a large number of cases of this disease are collected, it will be found that the clinical histories fall easily into two classes showing two separate modes of onset of this affection. The small class, about one-fourth of the cases, show a sudden onset without fever or constitutional disturbances. In these one limb only, as a rule, is affected. The paralysis comes on without warning and remains quite stationary from the first. I believe these cases are to be explained by a sudden stoppage of the flow of blood in one of the small spinal arteries entering the anterior horn. The embolism or thrombosis is followed by a process of softening with destruction of the motor nerve cells and hence paralysis is permanent. The larger class, about three-fourths of the cases, presents a different history. In these the disease begins with chill or convulsions, with high fever and general constitutional symptoms, and is attended by all the signs of an acute infectious disease. In these cases the initial paralysis is often very extensive, affecting both legs or both arms or all the extremities, but later paralysis passes away, excepting in a few muscles in one limb, so that great improvement and recovery is a rule in this clinical type of the disease. These cases are well known to occur more frequently during the months of July, August and September, than in other parts of the year; a fact long ago noted by Weir Mitchell and confirmed by Gowers and myself. But the more important fact, which has only been recently established and which goes far to confirm the theory that this form of disease is a true acute infectious process, is the occurrence of this type of paralysis in the form of an epidemic. Some years ago, such an epidemic was reported in Lyons, France, and a few years later another in Stockholm, Sweden. I had occasion last summer to investigate an epidemic of this character which occurred in Vermont and through the kindness of Dr. Caverly, President of the Board of Health at Rutland, I saw a number of cases (*New York Medical Record*, December 1, 1894). Between the 15th of July and the 20th of September, there devel-

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oped within a radius of twenty-five miles in the Otter Creek Valley one hundred and forty cases of acute infantile paralysis. The disease had been only rarely observed until this time, one or two cases a year only having occurred. But this sudden epidemic caused great alarm to the entire population. Children between the ages of two and ten were the chief victims, though a few cases were observed among the adults. There seemed to be no doubt that the disease was a true anterior poliomyelitis, for it was possible from the symptoms and history to exclude an epidemic cerebro-spinal meningitis. The paralysis was of the acute atrophic type with reaction of degeneration in the muscles and that peculiar selection of different muscles which is known to be characteristic of anterior horn disease. It was not attended by sensory symptoms or anesthesia or by any disturbance of the bladder or rectum and bed sores did not occur. In the majority of the cases a partial recovery took place, but most of the children were left with a permanent paralysis in one or two muscles. The occurrence of such an epidemic is certainly proof positive that in some cases anterior poliomyelitis may be regarded as an acute infectious disease.

We know that epidemics of acute multiple neuritis occur, chiefly in tropical countries, although the forms which we see in this country are usually consequent upon the toxic agents or subsequent to other infectious diseases.

Anyone who has had the misfortune to watch a case of Landry's paralysis in which a rapid extension of total paralysis of motion and sensation occurs from feet to body, to arms, to neck and to face and death comes within a week, must admit that the appearance of the patient is convincing that an infection is present.

I cannot enter into a discussion of the possibility that chorea, endoarteritis and acute rheumatism, three diseases very closely allied, are due to a single germ affecting different organs in different individuals; but there is much to be said in favor of this view.

Lastly, one must not forget the evident causal relation between numerous forms of nervous disease, especially locomotor ataxia and paresis and the poison of syphilis. Tabes and paresis are not syphilitic diseases in the sense that a gumma is, but that they are sequelae which are directly dependent on the existence of a previous attack of syphilis is undoubted in the large majority of the cases.

It is my firm conviction that as the knowledge of infectious diseases increases, their active relation as causative factors in nervous affections will become more evident. I think I have cited a sufficient number of examples to convince you of this fact.

CONCLUSION.

In conclusion I think it may be stated that the essential lesion in functional and organic diseases of the nervous system is a change, temporary or permanent, in the chemical and physical condition of the neuron. This change is the same in kind whatever the cause. Such a change may be produced by over-work, by imperfect nutrition, or by active poisoning from toxic agents produced within the body or from toxic agents of an inorganic or organic type received from without, the last named being in many cases germs or their products. Such a classification of the causes of nervous diseases has a great therapeutic significance, as I have tried to show in the course of this discussion. If it leads to practical results in your hands, in the successful treatment of this great class of affections, my object will have been attained.

"PICK-ME-UP."—The *American Druggist and Pharmaceutical Record* recommends the following as a typical prescription for morning headache and as a general "pick-me-up:"

℞.—Spt. ammon. aromat . 3ss
Liq. ammon. acetatis conc 3ss
Tinct. lavand. co . . 3ss
Inf. valerian. ad . . 3j
in each dose.

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EAR COMPLICATIONS IN LA GRIPPE.

By E. J. Bernstein, M. D.,
Baltimore.

If the experience of other aurists has been as mine, this present epidemic has been unusually prolific of serious secondary diseases in the ear, some of which have assumed very curious types, and with me one I had rarely seen before. It is a secondary mastoiditis and purulent otitis media. Ordinarily there are two classes of cases, the one presenting symptoms of naso-pharyngeal catarrh, the other representing the disease itself localized in the ear.

It is a sub-division of this latter which calls for some remarks. Symptoms simulating acute gastric catarrh to such a degree that only after several days of suffering would the aural complications be brought to light. The chief characteristic of ear-symptoms in influenza contrasted with other acute infectious diseases is the intense hyperemia entirely disproportionate to the conditions usually seen. This congestion is also the indirect cause of the complications observed, first, because in the weakened walls of the blood vessels it tends to rupture and hemorrhage. Secondly, because it lights up afresh any inflammation already healed, and thirdly, it renders the mucous membrane highly susceptible to the reception of any other conveyors of disease. Otitis media acuta suppurativa generally begins with sticking, tearing or boring pains in the ear, spreading out over the frontal and occipital region. In children the pain is more intense than in adults, though in the latter it seems almost unbearable. Usually the pain exacerbates towards night, and in the morning the patient may become quiet and sleep several hours; either bodily or mental exertion increases pain. In very intense inflammation, slight conjunctivitis, edema of the lids and photophobia are present before the rupture of the drum. High fever, nausea, unconsciousness and convulsions are concomitants and of such a degree as often to lead one to suspect meningitis or be ginning exanthemata with cerebral symptoms. Should we neglect to examine the ear often we are only made cognizant of the aural character of the malady by the purulent discharge when the violent character of the illness subsides, showing the cerebral symptoms to have been caused by acute otitis media. When the mastoid is involved we have great pain and tenderness upon pressure, and the posterior and superior walls of the meatus are hyperemic. The peculiar set of symptoms to which I wish to call your attention will be best shown by the history of a typical case. The patient has had an attack of grippe more or less severe. During the height of the disease or while convalescing typical symptoms of acute gastric catarrh supervene.

Headache, nausea, foul breath, furred tongue and great discomfort. Pain in the head and stomach are mutually severe and exacerbate with approach of night. After several of such days, the ear begins to discharge and patient mends. The attention is directed to the ears and great tenderness over the mastoid and tragus are found. The case may now progress favorably as regards pain, or the latter after a short remission may again become severe and we then have a regular mastoiditis. As to the treatment, I need hardly say that when this is directed to the ear the gastric symptoms promptly give way to medicines which were before powerless. The usual treatment for acute otitis media is to be followed. I should call attention, however, to careful syringing. The all-rubber bulb syringe is far preferable to the piston syringe. I have also found hydrogen dioxide of great help in cleansing the ear, as it gets into portions of the tympanic cavity unattainable by syringing unless you use the Hartman's canula. In mastoiditis I make use of cold applications or an ointment of belladonna, camphor and mercury and only use Wilde's incision when the inflammation does not succumb to these remedies.

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SOCIETY REPORTS.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 29, 1895.

In the absence of the President, Dr. James McShane was elected President *pro tem.*

Dr. E. J. Bernstein read a paper on Ear Complications in La Grippe. (See page 47.)

Dr. Hiram Woods: I think it does not matter so much what syringe we use as how carefully it is used. One of the best methods for cleaning the ear with a small perforation is to put peroxide of hydrogen into the ear, the patieut lying with the affected ear up and having him swallow while the mouth and nose are held closed. In this way the solution is forced into the tympanic cavity and thus passes on down into the throat. As regards his remarks about the use of cold in mastoid cases, I have frequently seen good results therefrom, but my experience with Wilde's incision is so satisfactory and it is such an easy operation, I rely upon it a great deal, and when patient will consent it is my favorite way of treating mastoid complications. My experience does not lead me to think that the statement made is correct that children suffer more acutely than adults. Some of the most severe suffering I have ever seen was in a case of otitis media in adults. As regards the cases occurring after this present epidemic of grippe, I have seen many cases of acute aural catarrh and the principal feature that impressed me was the rapidity with which the tympanum was perforated after the first onset of symptoms and the marked and persistent amount of deafness as compared with the evidences of local inflammation. I have also seen two or three cases of inflammation of the external ear as the sequel of grippe, one of which was that of a young lady nineteen years of age who had just recovered from what was supposed to be grippe. Her first trouble appeared as an abscess on the cheek, this followed by another on the left side of the nose, and a week later she appeared with a dermatitis of the left side of the face, protrusion of the auricle, swelling over the mastoid, but suffering little pain. The temperature never went above 100°, pulse varied between 80 and 92. Her left eye was entirely closed by edema of the lids and the mastoid was tender, especially towards the upper part. Wilde's incision was performed but no pus was found. This condition of edema of the cheek persisted for several days, and finally pus appeared in the mastoid cut, well up over the pinna. While this was going on she developed edema of the right side of the face, with the occurrence of two or three furuncles in the right external ear. I instituted constitutional treatment of iron, strychnia and salines and the patient is now practically well. At the hospital I have seen two or three cases resembling this of diffused otitis externa and showing no middle ear disease at all. These cases all gave a history of having had so-called grip.

Dr. Harlan: In the cases of otitis media said to be the sequel of grip I have seen nothing peculiar that was referable to the previous disease, and they were all to be treated as ordinary otitis media. Dr. Bernstein spoke of the application of cold for the relief of pain but said nothing about the use of heat. I have found that even more satisfactory, and usually use it in the form of hot poultices or hot water injections into the ear.

Dr. Edward M. Schaeffer read a paper on Sanitariums. (See page 1.)

Meeting then adjourned.

H. O. Reik, M. D., Secretary.

CORRESPONDENCE.

NEW YORK LETTER.

Editor Maryland Medical Journal:

Dear Sir:—The all-absorbing topic here at present is the antitoxine treatment of diphtheria; the discussion on this subject held recently at the Academy of Medicine indicates that the results obtained by the use of the now famous horse serum are unfortunately not quite so happy as those shown by our Parisian confrères. Dr. Hermann Biggs (to whom is due the credit of having first introduced this method of treatment

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into this country from Berlin) in a very carefully prepared paper strenuously advocates its efficiency, basing his conclusions principally on observations at the Willard Parker and other city hospitals and citing a large number of cases of a varied nature. These observations go to prove that antitoxine, although effective in the majority, is not quite the specific we at first thought. Dr. Joseph E. Winters had hoped that antitoxine was the great discovery of the age but was sadly disappointed that it was distinctly very harmful in a great number of cases; many of these observed by him at the above hospitals in which death had occurred he attributed the termination to the use of antitoxine, the post-mortem examinations showing that death was due to pneumonitis, such as we get in septicemia cases. Great stress was laid on the fact that the fall in rate of mortality was due in part at least to the more general use of the O'Dwyer's intubation operation and furthermore that as horse serum dissolves red corpuscles of the blood *á priori*, the use of antitoxine undoubtedly increased the already present anemia, defeating the object of all former methods of treatment. There is a rapidly growing belief that Klebs-Loeffler bacillus is found in a great many pathological conditions other than diphtheria and many practitioners have given up the use of antitoxine excepting where there is distinct *clinical* evidence of the disease.

At the meeting of the Medico-Surgical Society, Dr. Frederic Lyons read a very thorough paper on "What is Gonorrhea?" illustrating the great importance of making frequent microscopic examinations in all cases before pronouncing them cured, *i. e.*, where all discharge had ceased but which still had present colonies of gonococcd. These latter occupied a very important place in the etiology of all female pelvic affections of an inflammatory character. His method is to obtain "scrapings" from the urethra, using a sterilized platinum wire for this purpose. The above Society is a quite recent organization, select, inasmuch as the membership is limited to one hundred and holding its meetings at the Madison Avenue Hotel, has as one of its principal features a very enjoyable social atmosphere.

Symphysiotomy was the subject before the New York County Association. Dr. Lusk, in opening the discussion, stated that the chief objection to the operation was that we did not seem to obtain nearly as good results as our brethren in France. This he attributed to suturing the bony parts instead of the cartilaginous attachments and further stated that he had not seen a single case of perfect union in this country. Dr. E. E. Tull, who has just returned from Paris, thought that they (the Parisians) performed the operation oftener than necessary, as within one month at the Hospital Baudelocque thirty-nine symphysiotomies had been done, whereas formerly not as many craniotomies in the same space of time. This latter gentleman was called to Paris to do a Cesarean section but instead of this only found it necessary to remove a fibroid from the cervix, *per vaginam*, delivering the patient at full term normally.

A committee was appointed to inquire into grave charges made against certain opticians who had dared, however unconsciously, to prescribe glasses for such ophthalmological affections as albuminuric retinitis; incalculable harm has been done in this way and query made as to whether this was not illegal practicing.

Recent arrivals from Paris give the information that Laborde's method of resuscitation has been discussed widely, It is opposed mainly by Professor Pinard of the Hopital Baudelocque, who found by experiment that it is inferior to insufflation by Ribemont's tube. One of the most virulent cases of leprosy was isolated here last week. A portrait of the late Dr. Valentine Mott has been presented to the Academy of Medicine. It has been urged here recently that the teaching of gross pathology is being neglected and overlooked in the craze for microscopic work and there is undoubtedly some truth in this; the various colleges are paying attention to the matter.

R. HARCOURT ANDERSON, M. D.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, MAY 4, 1895.

American Medical Association.

THERE is very little left to say about the coming meeting of the American Medical Association, except that the arrangements have all been completed and from all prospects it looks as if the delegates would be very hospitably received. There are as yet few signs of what scientific work will be done, but the entertainments are so numerous and so attractive that many papers will probably be read by title.

If there is a time to work and a time to play, then this next week will be a grand vacation for men who probably need a change. Each city vies with the last one in extending hospitalities to all the delegates of the visiting medical societies and it is predicted that Baltimore will do as much in her way as other cities have done and will give the members of the American Medical Association a hearty and cordial welcome.

The section work will be done in Music Hall, which is commodious and convenient, and the pharmaceutical exhibit which will be held in the Cyclorama Building just across the street from Music Hall will be a particularly large one and should be visited by all interested. The pharmacists are the best friends the physicians have and the two work hand in hand in alleviating human suffering, prescribing and dispensing medicines, not only effective and genuine, but also carefully prepared and palatable. Physicians carry away many a hint and new idea from the drug exhibit and from the new instruments and devices which are brought to every one's attention.

The first gun will be fired today, when the American Academy of Medicine will begin its deliberations. These will continue through Saturday and Monday. They will also have their own banquet.

On Monday night the editors and all connected with the editorial staff of medical journals will assemble at the Equitable Building and, after transactions of some routine business, will listen to the annual address by their president, Dr. John B. Hamilton, editor of *The Journal of the American Medical Association*. At the banquet, Dr. I. N. Love will act as toast-master and will uphold his reputation in that position. There will probably be about one hundred at this banquet and a pleasant evening is promised.

Throughout the week, as has been stated elsewhere, various entertainments, receptions and other forms of amusement will be tendered to the Association and busy indeed will be that man who attempts to "do up" the whole meeting.

The official programme has not yet appeared, but all the sections have from time to time published their respective programmes in the various journals. A few Baltimore physicians will take part in the deliberations, but those most actively engaged will expend all their energies in looking after the welfare of their guests. There is every prospect of a good meeting and if the weather is favorable and that true spirit of southern cordiality prevails, the stranger within our gates will leave with pleasant memories of a week well spent.

For the convenience of those who may not be acquainted with the officers and section work of this Association, the following is considered sufficiently important to be given this prominent place.

Officers: President, Donald Maclean of Michigan; First Vice-President, Starling Lov-

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ing of Ohio; Second Vice-President, William Watson of Iowa; Third Vice-President, W. B. Rodgers of Tennessee; Fourth Vice-President, F. S. Bascom of Utah; Treasurer, Henry P. Newman, Venetian Building, Chicago, Ill.; Secretary, Wm. B. Atkinson of Pennsylvania; Assistant Secretary, G. H. Rohé of Maryland; Librarian, George W. Webster of Illinois.

Chairman Committee of Arrangements, Julian J. Chisolm of Maryland.

Board of Trustees, Alonzo Garcelon, President, Maine, 1895; P. H. Millard, Minnesota, 1895; J. W. Graham, Colorado, *vice* D. C. Patterson (deceased), 1895; John E. Woodbridge, Ohio (unexpired term), 1896; E. E. Montgomery, Pennsylvania, 1896; E. Fletcher Ingals, Illinois, 1896; Joseph Eastman, Indiana, 1897; J. T. Priestly, Iowa, 1897; D. W. Graham, Illinois, 1897.

Judicial Council, 1894-5.—Elected 1894: D. W. Crouse, Iowa; R. C. Moore, Nebraska; T. D. Crothers, Connecticut; G. B. Gillespie, Tennessee; W. T. Bishop, Pennsylvania; C. H. Hughes, Missouri; Ida J. Heiberger, District of Columbia. Elected 1893: X. C. Scott, Ohio; G. W. Stoner, U. S. Marine Hospital Service; J. McFadden Gaston, Georgia; T. A. Foster, Maine; I. N. Quimby, New Jersey; H. Brown, Kentucky (one vacancy). Elected 1892: N. S. Davis, Illinois; John Morris, Maryland; H. D. Didama, New York; J. B. Roberts, Pennsylvania; J. M. Emmart, Iowa; C. V. Voorhees, Michigan; W. E. B. Davis, Alabama; A. Morgan Cartledge, Kentucky.

Address on Medicine, William E. Quine, Illinois; Address on Surgery, C. A. Wheaton, Minnesota; Address on State Medicine, H. D. Holton, Vermont; Place of Meeting, Baltimore, Md., May 7-10, 1895.

OFFICERS OF SECTIONS, 1894-5.

Physiology and Dietetics.—E. H. Woolsey, Oakland, Cal., Chairman; C. G. Chaddock, St. Louis, Secretary.

Surgery and Anatomy.—J. Ransohoff, Cincinnati, Chairman; R. H. Sayre, New York, Secretary.

Practice of Medicine.—E. W. Kellogg, Milwaukee, Chairman; W. E. Quine, Chicago, Secretary.

Neurology and Medical Jurisprudence.—Daniel R. Brower, Chicago, Chairman; T. D. Crothers, Hartford, Conn., Secretary.

Obstetrics and Diseases of Women.—F. H. Martin, Chicago, Chairman; X. O. Werder, Pittsburg, Secretary.

Ophthalmology.—Edward Jackson, Philadelphia, Chairman; H. V. Würdemann, Milwaukee, Secretary.

State Medicine.—Liston H. Montgomery, Chicago, Chairman; C. H. Sheppard, Brooklyn, Secretary.

Laryngology and Otology.—J. F. Fulton, St. Paul, Chairman; T. J. Gallaher, Pittsburg, Secretary.

Diseases of Children.—E. H. Small, Pittsburg, Chairman; G. W. McNeil, Secretary.

Materia Medica and Pharmacy.—W. Helpsey, St. Louis, Chairman; G. F. Hanson, San Francisco, Secretary.

Dermatology and Syphilography.—E. A. Regensburger, San Francisco, Chairman; D. H. Rand, Portland, Ore., Secretary.

Dental and Oral Surgery.—M. H. Fletcher, Cincinnati, Chairman; E. S. Talbot, Chicago, Secretary.

EXECUTIVE OR BUSINESS COMMITTEE, 1894-5.

State Medicine: C. A. Lindsley, New Haven, Conn.; H. S. Orme, Los Angeles, Cal.; J. J. Kinyoun, Washington, D. C. Dermatology and Syphilography: L. D. Bulkley, New York; L. A. Duhring, Philadelphia; A. H. Ohmann-Dumesnil, St. Louis, Mo. Neurology and Medical Jurisprudence: J. G. Kiernan, Chicago, Ill.; John W. Givens, Blackfoot, Idaho; A. E. Regensburger, San Francisco, Cal. Materia Medica and Pharmacy: F. Woodbury, Philadelphia; F. E. Stewart, Watkins, N. Y. (one vacancy). Physiology and Dietetics: I. N. Love, St. Louis, Mo.; W. T. Bishop, Harrisburg, Pa.; Ephraim Cutter, New York. Practice of Medicine: G. C. Stockton, Buffalo, N. Y.; H. A. Hare, Philadelphia (one vacancy). Surgery and Anatomy: J. B. Roberts, Philadelphia; J. T. Jelks, Hot Springs, Ark.; J. M. Matthews, Louisville, Ky. Obstetrics and Diseases of Women: J. Eastman, Indianapolis, Ind; E. E. Montgomery, Philadelphia; J. Milton Duff, Pittsburg, Pa. Ophthalmology: A. R. Baker, Cleveland, Ohio; S. D. Risley, Philadelphia; J. L. Thompson, Indianapolis, Ind. Laryngology and Otology: E. Fletcher Ingals, Chicago, Ill.; E. L. Shurley, Detroit, Mich.; J. E. Boylan, Cincinnati, Ohio. Diseases of Children: W. S. Christopher, Chicago, Ill.; C. G. Jennings, Detroit, Mich.; W. Perry Watson, Jersey City, N. J. Oral and Dental Surgery: M. H. Fletcher, Cincinnati, Ohio; A. E. Baldwin, Chicago, Ill.; J. Taft, Cincinnati, Ohio.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 27, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		12
Phthisis Pulmonalis		24
Measles	43	2
Whooping Cough	2	2
Pseudo-membranous Croup and Diphtheria	10	4
Mumps	1	
Scarlet fever	21	3
Varioloid		
Varicella	1	
Typhoid fever		2

The Legislature of Pennsylvania has decreed that kissing the Bible shall be dispensed with.

The Women's Medical College of Baltimore held its annual commencement last Wednesday afternoon.

The Medical Society of the State of Pennsylvania will meet at Chambersburg, May 21, 22, 23 and 24, 1895.

It is announced that Dr. William H. Welch of Baltimore has been elected a member of the National Academy of Sciences.

A late Iowa Supreme Court decision makes a physician liable for damages accruing from his having dismissed a case too soon.

The Association of Acting Assistant Surgeons of the United States Army will hold a special meeting in Baltimore on the 8th of May.

The entire staff of the Ottawa General Hospital resigned recently as a result of a disagreement between the staff and the board of directors.

Dr. J. J. Chisolm will give a reception to the members of the American Medical Association on Tuesday evening, May 6, from 8 to 10 o'clock P. M.

The Medical Examining Board of Virginia will hold its first session under the new law, for examination of candidates for license to practice medicine, in Virginia, May 8 and 9, 1895.

A bill has been introduced in the City Council of Baltimore, at the instigation of the Medical and Chirurgical Faculty, to compel physicians to report cases of typhoid fever.

The Richard Gundry Home for the treatment of mental and nervous diseases at Catonsville will be glad to have delegates to the American Medical Association visit that institution.

Medicine, a monthly journal of medicine and surgery, has just made its appearance in Chicago. Dr. Harold N. Moyer is the editor and Mr. George S. Davis of Detroit the publisher.

An ordinance providing for the introduction of physical training in the public schools and fixing the salary of the instructor at $1500 has passed the second branch of the City Council of Baltimore.

A severe outbreak of typhoid fever at Stamford, Connecticut, has been traced to an infected well, from which water was used to wash the milk cans of a dairyman along whose route the disease was traced.

Drs. E. G. Janeway, F. S. Dennis, J. D. Bryant, W. T. Bull and E. M. Hamilton have formed a syndicate for the purpose of establishing at Flushing, Long Island, a hospital to which they can send their patients.

Dr. B. T. Winchester, who is manager of the exhibit at the Cyclorama, announces that possession of space will be given to exhibitors at the Cyclorama on Saturday, May 4. A force of carpenters, painters, decorators, etc., will be on the ground to facilitate the work.

The Legislature of Montana recently passed a new medical practice act, in which many of the defects of the old law, which rendered the prosecution of offenders almost impossible, are remedied. Applicants who shall have been graduated after July 1, 1898, will be obliged to show proof of having attended four courses.

There are in the United States 140 medical schools, according to the reports of the Regents of the University of New York. Of these, fourteen require absolutely a four years' course of medical lectures, nearly one hundred schools announce that they graduate on three terms of lectures and about twenty-six on two terms, the length of the terms varying from five to nine months.

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WASHINGTON NOTES.

At the regular meeting of the Medical Society of the District of Columbia, on April 24, Dr. J. Taber Johnson read an able paper on the "Treatment of Ovarian Tumors, Including the Technique of Ovariotomy." It was discussed by Drs. I. S. Stone, J. Wesley Bovée, A. F. A. King, Ward and Crosson.

Dr. A. A. Snyder presented a patient upon whom he had operated for Fracture of the Skull. He also presented a specimen of Epithelioma of the Jaw and Right Lung.

Drs. S. S. Adams, Anderson and Kinyoun were to have reported cases of Diphtheria treated by the Antitoxine Method, but all the time had been consumed and the Society adjourned.

Dr. William Osler of Baltimore, at the next meeting of the Society, will read a paper on "The Practical Outcome of Laveran's Researches on Malaria." At the same meeting Dr. J. W. Bovée is expected to show "A Large Uterine Fibroid Removed by the Vagina."

The Medical Department of the Columbian University will have its Commencement Exercises on the evening of May 2. There will be thirty-seven graduates in medicine, two of whom are women.

On Tuesday, April 30, Dr. Joseph M. Toner had a beautiful reception, in celebration of his 70th birthday. All the members of the Medical Association of the District of Columbia, numbering about four hundred, were invited. There are only a few, some seven or more, left, of the members of the Association when Dr. Toner was elected.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending April 29, 1895.

Lieutenant-Colonel Dallas Bache, Deputy Surgeon-General, to be Assistant Surgeon-General with rank of Colonel, April 18, 1895.

Major David L. Huntington, Surgeon, to be Deputy Surgeon-General with the rank of Lieutenant-Colonel, April 18, 1895.

Captain William C. Shannon, Assistant Surgeon, to be Surgeon, with the rank of Major, Apri 18, 1895.

UNITED STATES NAVY.

Week ending April 27, 1895.

Assistant Surgeon M. W. Barnum ordered to examination for promotion, May 15 next.

Assistant Surgeon J. E. Page ordered to examination for promotion, May 15 next.

Assistant Surgeon F. G. Brathwaite ordered to the Naval Hospital, Norfolk, Va.

Medical Inspector T. C. Walton ordered as Delegate to American Medical Association, Baltimore, Md.

Surgeon S. H. Dickson ordered as Delegate to American Medical Association, Baltimore, Md.

UNITED STATES MARINE SERVICE.

Fifteen days ending April 15, 1895.

George Purviance, Surgeon, detailed as chairman Retiring Board for physical examination officers of Revenue Cutter Service, April 8, 1895.

H. W. Austin, Surgeon, detailed as member Retiring Board for physical examination officers of Revenue Cutter Service, April 8, 1895.

H. R. Carter, Detailed as recorder Retiring Board for physical examination officers of Revenue Cutter Service, April 8, 1895.

A. H. Glennan, Passed Assistant Surgeon, granted leave of absence for three days, April 9, 1895.

J. B. Stoner, Passed Assistant Surgeon, when relieved to proceed to Philadelphia, Pa., for duty, April 5, 1895.

G. M. Guitéras, Passed Assistant Surgeon, granted leave of absence for six days, April 5 and 8, 1895.

J. C. Perry, Passed Assistant Surgeon, to proceed to Portland, Or., and assume command of service, April 5, 1895.

J. M. Eager, Passed Assistant Surgeon, to proceed to Gulf Quarantine Station for temporary duty, April 5, 1895.

W. J. S. Stewart, Assistant Surgeon, to proceed to Philadelphia, Pa., for temporary duty, April 9, 1895.

Seaton Norman, Assistant Surgeon, to proceed to Norfolk, Va., for temporary duty, April 9, 1895.

H. S. Cumming, Assistant Surgeon, to proceed to Boston, Mass., for temporary duty, April 9, 1895.

BOOK REVIEWS.

SURGICAL PATHOLOGY AND THERAPEUTICS. By John Collins Warren, M. D., Professor of Surgery in Harvard College, etc. Illustrated. Philadelphia: W. B. Saunders, 1895. Pp. 7 to 832. Price, $6.

This book brings to mind the classical work of Billroth on Surgical Pathology. The opening chapter is on bacteriology, followed by one on surgical bacteria; these sections have the merit of being short and comprehensive.

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The illustrations and handsome colored lithographic plates are very exactly done and are beautiful specimens of the engraver's art. Every chapter bears evidence of painstaking work and it all has the merit of conciseness. The last chapter is on aseptic and antiseptic surgery, while the appendix contains what is known of serum-therapy. The publishers deserve great credit for issuing such a well made book.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, etc. By Professors and Lecturers in the leading Medical Colleges of the United States, etc. Edited by Judson Daland, M. D.; J. Mitchell Bruce, M. D., F. R. C. P., London; David W. Finlay, M. D., F. R. C. P., Aberdeen. Volume IV, Fourth Series. Volume V, First Series. Illustrated. Philadelphia: J. B. Lippincott Co.; 1895. Pp. 365.

These lectures are up to their usual standard and have become very popular. Every volume contains hints as to diagnosis and treatment not usually found in the ordinary text-book and presented in a colloquial way which renders it attractive. A set of these works on the book-shelf makes a convenient reference work and has been extremely useful to the busy, practical man.

A MANUAL OF BANDAGING. Adapted for self-instruction. By C. Henri Leonard, A.M., M. D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynecology in the Detroit College of Medicine. Sixth edition, with 139 engravings. Cloth, octavo, 189 pages. Price $1.50. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This little book is well illustrated and the directions for bandaging are clear, but it is doubtful if any book on bandaging can be of much practical use without demonstrations. To the man removed from teaching centers, such a book as a guide and an obliging friend as a model would perhaps be of some use.

REPRINTS, ETC., RECEIVED.

Twentieth Annual Report of the Secretary of the State Board of Health of the State of Michigan for 1892.

Ninth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania.

Transactions of the Sixteenth Annual Meeting of the American Laryngological Association for 1894. New York: D. Appleton & Co. 1895.

CURRENT EDITORIAL COMMENT.

CONSULTATION ETHICS.

Medical News.

THERE are not a few who judge that their personal reputation and fame and experience give them the right to be careless of others' rights, and to neglect the finer and gentler considerations that were much more punctiliously observed when they were younger and less famous.

ABUSE OF MEDICAL CHARITIES.

Atlantic Medical Weekly.

THE abuse of our organized medical charities is a topic upon which much has been written during the last few years, but in spite of the controversy excited the evil still exists, and possibly has increased, for with the building of new hospitals, the organization of new dispensaries and the establishment of numerous free clinics, the facilities for obtaining charitable medical advice and the temptation for the well-to-do to avail themselves of the opportunity to avoid paying a fee has increased in like ratio.

SCIENTIFIC RESEARCH IN MEDICINE.

Boston Medical and Surgical Journal.

IT is altogether to be regretted that even the rising generations of physicians are not imbued with this idea. In spite of the hopeful scientific tendencies of the last half century, there still exists a depressing atmosphere of practicality. Young men of marked ability are forever weighing their scientific tastes in the balance with the practical demands of their profession, and entirely apart from the pressure of circumstances, are finding the greater weight of inducement in the practical fields.

SUBSTITUTION.

American Medico-Surgical Bulletin.

THERE is a very prevalent erroneous idea in the minds of some druggists (especially among the ill-educated) to the effect that a substitution of a prescribed brand involves little or no danger to the consumer and is therefore quite "permissible." This mistaken impression is further supported by the equally prevalent notion that many physicians are in the habit of specifying for whim, rather than the cause. This latter plea is found upheld by many substitutors—when reproached for what they did—by the pretense that "the brand used was just as good as the one specified."

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 4. BALTIMORE, MAY 11, 1895. WHOLE NO. 737

ORIGINAL ARTICLES.

TYPHOID FEVER IN COUNTRY DISTRICTS.

BEING THE SUBJECT FOR GENERAL DISCUSSION AT THE NINETY-SEVENTH ANNUAL SESSION OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

By William Osler, M. D.,
Professor of Medicine, Johns Hopkins University.

THE dwellers in cities have a very deep concern in the prevalence of typhoid fever in country towns and districts. In the first place we treat in the city many cases which originate in the country, cases which too often go to swell our mortality bills. During the past six years I have had under my care in the public or private wards of the Johns Hopkins Hospital 89 patients who have come from outside the city limits. The figures are as follows, from a total of nearly 400 : Patients from Baltimore County, 58 ; from Maryland outside Baltimore County, 14 ; from outside Maryland, 17.

Secondly, we take our holidays in the country at the latter half of the summer and in the autumn, the very seasons when typhoid fever is most prevalent. Since we have no means of knowing the number of cases which occur annually in the city, we have of course no way of ascertaining how many have been the unfortunates who, in seeking health in country resorts and seaside places, have found serious illness and not infrequently death. General impressions are not of much value, but I think there are many doctors in practice in this town who could give some specific figures as to the number of persons who have returned to town with the disease, or who have been attacked while in the country. Cases of the kind have not infrequently come under my observation during the past five or six years, and I know of instances in which many members of a family have been infected during their residence in country places.

Thirdly, our water supply is derived from streams which pass through fairly populous districts in which every autumn typhoid fever prevails.

And lastly, the country sends daily for our consumption an enormous quantity of a food material ; namely, milk, which is especially liable under suitable circumstances to infection with typhoid germs.

The following questions may be profitably discussed by this meeting : First, the prevalence of typhoid fever in country districts. We naturally turn for the statistics to the Report of the State Board of Health. So far as I can read in the last published report of this body for the years 1892-93 the references to typhoid fever are very scanty, and no statements are to be found from which one may glean any information about the incidence of the disease in the counties and towns of the State. I would like very much to ask the Chairman and the Secretary of the Board the reasons for this omission. The matter is of ex-

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treme importance and directly concerns the health of the citizens. I suppose the absence of all facts relating to the subject is due to an imperfect organization of the Board.

While the notification of cases of typhoid fever is not compulsory there must be great difficulty in getting accurate figures as to the prevalence of the disease. We are not a whit better off in the city. There were 257 deaths (I include the typho-malarial fevers) last year (1894), but who can tell us how many cases? Shall we put the mortality at 10 per cent. and say 2570, or at 15 per cent. and say 3855 cases? We may take no small shame upon ourselves as a profession that such a state exists. It is useless to scold Dr. McShane or to abuse the members of the State Board of Health. Such a condition at this end of the century is a disgrace to us as a profession, and to us individually. The Report of the State Board to which I referred indicates weakness, inherited or acquired, of a most disastrous quality, and if any member of this ancient and honorable Faculty can read the same without a blush I am sorry for his intellectual medulla.

The notification of every case of typhoid fever in the city and throughout the State should be enforced at the earliest possible date. We could then ascertain the percentage of cases which really originate within the city limits, and by a proper system of co-operation of the County and State Boards every local outbreak could be studied and precautionary measures taken.

A second point which can be discussed with advantage relates to conditions in the smaller towns and country places favoring the development and spread of typhoid fever. Outbreaks of typhoid fever in a town like Cumberland, in which the people had been drinking water contaminated by the sewage of from $\frac{1}{5}$ to $\frac{1}{4}$ of the population, are of course not remarkable. But such outbreaks are not nearly so dangerous to us in the city as the smaller house-epidemics in country places, which are by no means uncommon. In many of these it is extremely difficult to trace the infection, as the remarkable one which I put on record a few years ago. In a farm house in Harford County, in which during the months of August, September, October and November there were ten cases with four deaths; nine of these followed the arrival of a member of the family from Ocean City, with what was thought to be malaria, but which turned out to be severe typhoid. The water supply in this instance was certainly not contaminated, since it was used in common with another large family consisting of many persons at the susceptible age. Here the food supply might have become in some way infected though Dr. Sappington, who had charge of the cases, seemed to think that it was most probably transmitted by direct contagion.

A State board of health of any efficiency would receive early notification of every house outbreak, and with a proper corps of inspectors, suitable means could be taken to prevent, at any rate, diffusion of the poison. How interesting it would be to know just how many cases of the disease occurred last autumn along the watershed of the Gunpowder and Jones' Falls, both of which streams are liable to pollution. We can never be free from danger on this score until the city has complete control of the streams.

The third point for discussion, and in reality the most important one, relates to the possible contamination of the milk supply of this city. How many cases of typhoid fever occur in the families of those who in this State supply milk to the citizens of this town. Can Dr. McShane answer, or can any member of the State Board of Health answer, or if they cannot, can they tell us how to obtain the facts at our next typhoid season so that an answer could be given? The dairy industry, as we all know, is enormous, and one of the greatest import in the health of the city. The readiness with which typhoid fever is transmitted by milk has been amply demonstrated; nor does it require that a man ill himself with typhoid fever should milk cows or be in contact with the milk. A man whose boy is ill with

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the disease, or the woman who has been nursing her daughter, may readily, in several ways, carry the infection.

As a medium for the development of the typhoid bacilli milk is well known to be most favorable. It is probably not alone from the water of a contaminated well used for washing the milk cans that infection arises, but in many instances from the direct contact of dirty hands with the milk or with the vesselsin which it is placed. The only possible safeguard is in a rigid system of inspection of every dairy which supplies milk to the city, an inspection which should be frequent, systematic and thorough.

I have no desire to take up the time of the Faculty with figures from other localities. There are those which show, as in New York State, that while typhoid is progressively decreasing in our large cities, it is progressively increasing in the country districts. Baltimore, with a mortality from this preventable of between 5 and 6 per 10,000 of population, ranks with the unsewered towns, the sanitary conditions of which are still antique. We shall probably never reduce the death rate from this disease to the ratio of modern cities until the cesspool system is completely abolished. But before that great work is undertaken, the citizens should demand that at any rate the sources of contamination from outside should be reduced to a minimum; that our sources of water supply should be scrupulously guarded; and that our citizens should be guarded against all possibility of infection through the milk.

The points, I think, which could be discussed with advantage this evening are:

1. The actual prevalence of typhoid fever in the country districts and small towns throughout this State.

2. The measures which should be adopted to prevent contamination of our water supply.

3. The question of the inspection of dairy farms.

DISCUSSION.

By Charles M. Ellis, M. D.,

Elkton, Md.

BEFORE considering the sanitary aspect of typhoid fever in country districts I desire to make a few remarks on its mortality and types, as we have experience of it. I am quite of the opinion that country typhoid is much less fatal than its city congener.

The determination of the mortality of any given disease in a country district is manifestly difficult even where a system of vital statistics prevails, but in the absence of so essential a provision, which is a glowing shame to any civilized community, the difficulties are so much magnified that we should make any general deductions with the greatest possible care, and these deductions, however carefully made, will be received with great reservation, if not without distrust. Of this I am well aware. But I have a series of cases, occurring in a very limited district, over a comparatively short period of time, the majority of which, coming under my own observation, will, I hope, justify me in asking confidence in the statement which follows.

The typhoid epidemic of Elkton in 1884 and 1885 was initiated by the distribution of infected milk. The outbreak occurred on the 18th day of August, 1884. By the first of September I had under my care seventeen well marked cases of enteric fever; and as, with one doubtful exception, every case was a consumer of milk from a particular dairy, the manager of which and his family were at the time ill of a continued fever, I had no hesitation in declaring its origin. From that time the number of cases increased, until by December 1, no less than 75 individuals were sick of the fever. There was a winter subsidence and a vernal recurrence running through the following summer and fall. One hundred and thirty cases was the total result. More than one-half of these were conspicuously severe. There were three deaths. One from the typhoid

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condition, one from bowel perforation, and the third a fulminating case with death in coma at the end of the first week. This gives a mortality little over 2 per cent.

In a practice of nearly a quarter of a century, covering a large district, I have seen a great number of cases. The deaths have been so few that though I would not claim so low a mortality as in this milk epidemic I do not hesitate to affirm that in my neighborhood at least the mortality as given by Murchison based on nearly 20,000 cases, namely, 19 per cent., does not apply. Is it not true that the American mortality is less than the English? Murchison's statistics are based on hospital and city returns and make admirable contrast to the meager figures that I give you. If my deductions are even approximately correct the difference is very great and there must be some concrete reason for it. It cannot alone be ascribed to the greater salubrity of country air, for that, if a factor, is certainly offset by the better treatment and infinitely better nursing of urban patients.

Of those cases of the above series that occurred in the fall of 1884 there was not one fatal and nearly all of those were distinctly of milk origin, and this fact has created a suspicion in my mind that the fever of milk origin is possibly less fatal than in the cases caused by infected water.

When I first entered on my professional life I heard much of bilious fever, and indeed I had read much of it. In the tidal parts of our country, especially in those parts watered by the Bohemia and Sassafras rivers, it was very prevalent. I have seen, very rarely, malignant malaria but I have never seen a typical case of bilious fever such as my master, George B. Wood, had made me familiar with by his teaching. I do not any longer doubt that the bilious fever of Eastern Maryland was and is a true typhoid fever, but frequently, and perhaps constantly, combined with the malarial poison.

It is very difficult to make a country doctor in tidewater Maryland believe that there is no such thing as typho-malarial fever, and long after the systematic writers have ignored it it will continue to hold a fixed place in his nosology. Not that he believes in it as a special entity, but he does believe in a disease which in its early stages is a combination of both. During any period of exaltation of the malarial influence it is common experience in the country to have our continued fevers ushered in by sharp chills, as in a quotidian, with marked remissions, the remissions being so pronounced at times that the thermometer is required to discover that the temperature has not receded to the normal, and with these chills are the usual phenomena of disturbed liver and stomach, a foul tongue and stained sclerotics.

It is not unusual to see several recurrences which are finally averted by quinine or else the toxines of the typhoid bacillus are too much for Laveran's hematozoa with all its flaggelate armament, or immunity is in some way secured against the operation of the malarial parasite in consequence of its short life history against the more tenacious vitality of the bacillus; for I have never observed in the most prolonged convalescence of enteric fever the recurrence, vernal or autumnal, of an ague. So frequent and characteristic were the chills and remissions in the cases of the epidemic above referred to that some gentlemen denied that the cases were typhoid.

Now at this time the malarial cycle which took its rise in the summer of 1879 was approaching its highest intensity and few acute diseases escaped its impression. I never had a case of true puerperal fever in my immediate practice but in those years it was the exception to have a delivery without an ague ensuing, the so-called puerperal intemittent, which made some figure in the periodical literature of that day. With the decline of the malarial influence the typhoid, which did not desert us, recurred to its usual and normal type and typho-malarial fever has had no recognition in my neighborhood in the past six or eight years. I believe we are even now at the dawning of a new cycle of malarial domination which I doubt not will give

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the bacteriologists abundant opportunities to determine the questions involved. If Woodward had inverted his compound name I believe few clinicians would have challenged the statement that we do have malarial typhoids.

The sanitary aspect of typhoid fever in country districts includes the method of distribution and prevention. The methods of distribution in towns which have a public water supply and sewage system are in no respect different from those that prevail in cities, and even in the more strictly suburban districts, hamlets and villages, the spread of typhoid fever through the milk supply is equally liable to occur, and is probably more frequent than in cities. Villagers are less critical of their food supply and as there is entire absence of inspection, so carelessness in the collection and handling of milk, where there is a public service, is notoriously greater.

Now most towns of 2000 population in Maryland have a public water service, but not one has a sewage system, efficient or otherwise, and so far as my knowledge goes the public water is used only by the well-to-do, the great mass of the population being obliged still to depend upon wells. So that it is apparent that so far as at least two-thirds of the population of towns with public water are concerned they are liable to the same water infection as the farmer and his family.

And here arises the question how does the water of wells become infected? The correct answer to this inquiry points the way to the best means of prevention. Sanitarians and didactic writers almost universally blame the country privy pit, the neighboring well and an intervening filth-saturated soil, as the trio of physical conditions favorable to the reception, the propagation and spread of the contagium. The virus of the typhoid stool is deposited in the pit, where it multiplies, spreads by slow progression through the soil and thus percolates by the capillary streams to the well; the imbibition of the water of the implicated well is the last link in the chain. This is the classical method; in my judgment it is a classical error. In this formula the pit is the prime, if not the sole, culprit. I have never seen localized typhoid fever where this formula satisfactorily explained its prevalence. I have, however, many times, seen outbreaks of the fever dependent on well impregnation, the result of surface washing, and it is my conviction that this is the method of infection in the great majority of cases. It could easily apply to the overflowing pit, a heavy rain washing the outflow to the well, but I am convinced that this rarely occurs. It is much more apt to occur in the case of a neglected surface depository which is now coming into almost annual use under the prevailing imprecations against the pit.

But in the cases that I have observed it has come from the careless throwing of the typhoid stool on the surface of the garden, or in a natural water drain dry at the time, or behind an outhouse (for there is growing prejudice against carrying the stool to the pit) and a heavy rain washes the virus to the contiguous well. It was in this way an outbreak occurred in Port Deposit; the famous epidemic of Plymouth, Pa., in 1885 had similar origin and it was in this manner the dairyman's well became infected that started the milk epidemic in Elkton in 1884. I could detail many examples of a like sequence in farm life, in village and town life. And as I hinted just now the perverted interpretation of modern teaching is in a manner partly responsible for it. I have repeatedly been asked if it was safe to carry the dejecta to the privy, and frequently heard nurses warn servants against it for fear of poisoning the well, accompanied by instruction to throw them out in the garden or bury them, burying simply being to turn up a spade of earth and pour the stool in the shallow hole.

In the prevention of typhoid fever in country districts we are concerned as you are in cities for the purity of our food supply, especially of the milk, and the protection of our drinking water. Public sanitation through the agency of health officers, inspectors and other machinery of the law does not at present exist with us in any efficient way.

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Although there can be no question that as we develop in civilization and general intelligence a system of sanitary laws as applied to county communities will be evolved, let us hope that when the initial steps in this direction are taken it will not be by regulations bristling with penalties and forfeitures to be arbitrarily enforced, but that laws will be enacted so that prosecutions under them will be for the purpose of instruction rather than punishment, for the diffusion of sanitary knowledge rather than for making examples; it is by such means alone that substantial progress in public sanitation will be made in American country districts.

The greatest difficulty in this problem of prevention of typhoid relates to the unsewaged towns and villages and so far as I can see its solution depends alone upon the systematic public collection of human excreta by the pail or some similar method, the licensing of the milk vender, with suitable inspection of the legal dairy and the milk product. Any independent effort to bring this about in any small town in Maryland will prove an onerous task to the most fervid public spirit. Its general adoption can only be accomplished by the aid of the most judicious legislation.

Mandatory laws imperative upon every incorporated town to provide such a system is the one essential step to this end. But sanitary laws as applied to small towns can only be enforced through the abetting of a broad intelligence and warm human sympathies in the population. My acquaintance with country sentiment makes me little hopeful of an early beneficent beginning in this work. And the difficulty lies largely in our political system. The parochial government of colonial Maryland was displaced after the revolution by the nondescript election district and the authority of the vestry has not been substituted by any recognized local agency. What Maryland most needs not only for its material, but for its sanitary advancement, is the adoption of the township system and the healthy growth of primary local government. As preliminary to this and much other good work the organization of local social science associations would greatly help sanitarians in their unselfish work.

The prevention of the spread of enteric fever in farm life presents far less difficulty. It depends essentially on instant disinfection of the patient's stool. A bactericidal fluid should receive it, and without delay it should be carried to the privy pit. The patient's nates washed with a like fluid, the bed linen kept scrupulously clean; the usual water supply abandoned, all fluids boiled before imbibition and no food allowed to remain in the sick-chamber. Is not this the whole gospel? And it ought to be easily enforced. Soiled bed clothing plays a far more important part in family infection than is commonly believed—I wish to emphasize this point. A printed circular prescribing rules based on this formula with the necessary details should be continually on hand with every doctor and posted in several conspicious places about the house as well as in the sick-chamber.

I have said that the disinfected discharges should be carried to the pit, for I am heteredox enough to raise my voice in favor of this most foul and foully abused receptacle. If it has outer ventilation, is cleaned once in a year, and the farmer will usually do that for its manurial value, if it is covered with dry earth occasionally in summer, it is, in my opinion, a far safer depository than the surface receptacle which needs, but does not receive, weekly attention.

Although it does not enter largely into its mortality typhoid fever stands to country life as the best recognized type of the filth-bred diseases and we cannot successfully nor intelligently deal with it without regarding the other greater factors which make up our suburban mortuary list. And in concluding these somewhat disjointed remarks I desire to call the attention of the Faculty to a subject very little investigated in America, namely, the death rate of village life, and especially of the village life of Maryland.

I had occasion some years ago to make some inquiry into this subject and the result very much amazed me. I will

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not trouble you with details; it will be sufficient to give you briefly the conclusion to which I came. It was that in Maryland towns where the population had a considerable negro element the death rate was above 40 to the 1000 living inhabitants. This is enormous and I hope in the near future to again call your atttention to the subject with the hope that this Society may consider it advisable to form a permanent committee on village mortality. It is a very unpopular subject for public discussion but it cries aloud for remedy.

DISCUSSION.

By James F. McShane, M. D.,
Health Commissioner of Baltimore City.

THAT water is often a carrier of disease is a well established fact. Typhoid fever is frequently disseminated by this means. Epidemics of typhoid fever in several American and European cities have been demonstrated to be due to the specific pollution of public water supplies (notably in Lowell, Lawrence and Newburyport in Massachusetts, and Chicago, due to the pollution of the lake water with the sewage of the city).

No matter what the active factor in the production of typhoid fever, be it the presence of pathogenic bacteria, of algae and other vegetable organisms, of animal forms of life or of other suspended matters, there can be no doubt that the infection of sewage thrown into water supplies is known to produce a condition of the system with all the clinical symptoms and pathological conditions of the intestinal tract which cannot be distinguished from typhoid fever and in which the bacillus of typhoid fever cannot be found. Bacteria in large numbers can be found and the decomposition of organic matter produces ptomaines or poisonous products which cause the same lesions as the typhoid bacillus, especially when the intestinal tract has been devitalized by the constant presence of decomposition of decayed animal and vegetable matter or by the constant retention of fecal matter.

Open wells, as is well known, draw towards themselves the ground water from considerable distances and when in the vicinity of cesspools become a receptacle for their surface and sub-surface drainage. This is in evidence in country places, or towns and villages where the water supply is drawn from wells.

In an examination of 104 outbreaks of typhoid fever in Michigan, reported to the State Board of Health, 52 per cent. were given as directly due to "infected and impure water" and in 13 per cent. as supposed to be due to "impure water," leaving but 35 per cent. as due to unknown causes. This evidence can be multiplied.

Of surface water the best comes from rivers whose waters, by flowing over and through uneven beds of silicious sand and gravel of considerable slope, and being brought continually in contact with the air, are freed from organic matter by sedimentation and oxidation. Yet notwithstanding these supposedly advantageous methods of purification, epidemics have developed from the use of river waters that have undergone the above mentioned processes.

Dr. S. W. Abbott of Massachusetts (March, 1879) makes the following statement, showing the relation of the water supply to the prevalence of typhoid fever in the cities of Lowell and Lawrence, Massachusetts. During the four years ending with 1889, the cities of Lowell and Lawrence have had a constantly high death rate from typhoid fever amounting to 10.3 per 10,000 annually of the population for Lawrence and 9.5 per 10,000 for Lowell, as compared with a death rate of only 4 from the same cause in Boston, and 4.5 as the average of the principal large cities of the State. The cause of this increased prevalence in Lowell and Lawrence is undoubtedly to be found in the peculiarity of their water supply, which is taken from the Merrimac River. Upon this river and its tributaries above Lawrence

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and Lowell are situated the cities of Nashua, Concord, Manchester, Fitchburg, and other towns, having a total population of 230,000, a considerable part of which is connected directly with the river by means of sewers.

That favorable conditions are thus presented for the propagation and transmission of typhoid or enteric fever, from the excreta of the sick into the river and thence to the water supply of Lowell, and thence to the population of that city, can scarcely admit of a doubt. Nor can there be any doubt that the sewage of Lowell, carrying typhoid excreta from its population, infects the water supply of Lawrence, nine miles farther down the river. Eight miles below Lawrence is Haverhill, in which the mortality rate from the same cause was less than 5, but Haverhill does not take its water supply from the river.

In this connection, the theory that the bacteria of running streams disappear gradually in the course of the stream, the city of Newburyport at the mouth of the river, 17 miles below Lawrence, and 26 miles below Lowell, suffered from the same cause (in 1894). For the past ten years this city was comparatively free from typhoid fever (its death rate from this cause being but little more than 2 per 10,000 annually). In consequence of a scarcity of water, the Water Company began pumping a portion of its water from the river and distributing it to the inhabitants after having been warned in November against the danger of such a course by the State Board of Health. In January, 1893, the cases of typhoid fever, following closely after a similar prevalence in Lowell, suddenly rose from an average of less than 1 per month to 34 in January, with 4 deaths.

In Berlin, 1889, during an epidemic of typhoid fever, which was due to the impure water from the river Spree, whilst the portion supplied with water from the Tegeler Lake was spared.

The sanitary value of a source of water supply depends not only on its present condition, but also on the possibility of future pollution. The restriction of pollution by sanitary inspection is useful and is undoubtedly beneficial. But it is desirable to avoid fallible agencies wherever possible and to adopt the infallible when such can be secured by careful study and at a reasonable expense, and it should be apparent that the securing of unpolluted supplies and their maintenance as such, rather than the classification of those already polluted, will attain the surest results in the protection of the public health against diseases disseminated by polluted water.

TREATMENT OF CHOLELITHIASIS.—Blum (*British Medical Journal*) draws attention to the value of large olive oil injections in the treatment of biliary colic. These rectal injections can be substituted for the large doses of olive oil given by the mouth to which patients often object and which may disturb the functions of the stomach. In addition to the probable cholagogue action of these injections, olive oil has a slight laxative action. The author follows Fleiner's directions in giving these large enemata; 400 to 500 c.c. of pure warm oil are introduced, at first daily and subsequently at longer intervals. The author gives details of five cases treated with benefit in this way.

FOREIGN BODIES IN THE BRONCHI.—S. Kobler (*British Medical Journal*) investigated the anatomical position of the bronchi to explain the undoubted greater frequency of foreign bodies in the right than in the left bronchus. In conjunction with v. Hovorka he made experiments on bodies hardened by chromic acid and found that the right bronchus, contrary to the old teaching, always runs more in a line with the trachea than the left, thus confirming the previous work of Aslay and Kocher. Another factor, which decides which bronchus the foreign body enters, he considers to be the position of the individual at the moment when the aspiration takes place.

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SOCIETY REPORTS.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-SEVENTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 23 to 27, 1895.

TUESDAY, APRIL 23, FIRST DAY.

Dr. Robert W. Johnson, President, in the chair; Drs. Joseph T. Smith and Robert T. Wilson, Secretaries.

The ninety-seventh annual session of the Medical and Chirurgical Faculty of the State of Maryland was called to order at the Hall of the Faculty, corner St. Paul and Saratoga Streets, April 23, at 12.30 P. M. After the reading of the minutes of the last meeting by the Secretary,

Dr. Robert W. Johnson delivered the President's Address on the subject of Pernicious Delay in Surgical Cases. He referred to the contrast between the local nature of many surgical troubles and the constitutional nature of medical diseases. It is very important to eradicate lesions before the local trouble becomes a constitutional trouble, as in chancres, cancers, etc. Pernicious delay has caused fatal results in fracture of the skull and in wound treatment. The thermometer is a surgical compass and will guide us in the work. Formerly in the treatment of gangrene it was the custom to wait until a line of demarcation had formed; now this is considered pernicious delay and an operation is done at once. Our advance in surgical technique has brought about a substitution of the certainty of exploratory incisions for the guess work of pre-aseptic times. There is too often pernicious delay in completing an operation. There is great danger of delay in operation on such cases as appendicitis, strangulated hernia, etc.

Dr. Edward M. Schaeffer then read a paper on Certain Sanitary Needs of our City and its Public Schools.

Dr. George A. Fleming read a paper entitled A Plea for the Sight of our Little Folks.

Dr. Edward M. Schaeffer was glad to hear papers on such educational value and thought the subject of child life one that was less understood than any other department of medicine. Professor Stanley Hall had pointed out the fact that much too minute work is expected of children's muscles. It is unphysiological to teach writing, for example, before the larger muscles are developed and forces a premature activity of the brain centers. Certainly the eyes are no exception to this rule and much needle-threading or delicate pattern work in kindergarten methods is to be deprecated as injurious to the eyesight.

Dr. E. J. Bernstein then read a paper on Subconjunctival Infections in Profound Ocular Inflammation.

Dr. George Thomas read a paper on the Surgery of the Septum.

NIGHT SESSION.

The subject for General Discussion, Typhoid Fever in Country Districts, was then opened and occupied the whole evening. After the remarks of Drs. William Osler, Charles M. Ellis of Elkton, and James F. McShane (see page 55 and following),

Dr. C. Birnie of Taneytown said he could speak of this subject more especially for Carroll County, where he lived and practiced. In 1885 there was a general epidemic in that district and there had been two or three smaller ones later. The mortality had been about five per cent. It probably came from the water supply. The purification of the water supply is a complex subject. It depends on the channels of water supply, the flow of the ground water, the trend of the rock, etc. He thought that these factors were as important if not more so than the mere presence of the germ. A sudden outbreak may occur from a thaw after a hard freeze, flushing all streams and wells. A similar condition may exist for years without an outbreak and then suddenly with no apparent change in the conditions a violent outbreak occurs. Such an outbreak is hard to explain. Bored wells in his opinion are the safest. The general impression is that springs are the safest source of water supply in the country, but in his opinion they are the most dangerous

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kind of water supply. The surface drainage and even that below the surface washes into the springs, which are usually at a low level and so often below the cesspool and privy pit. What is needed is sanitary laws properly enforced for country districts. As a rule the county health officer has no pay, little authority, and unless he has an unusual amount of tact he is always going against his fellow practitioners or his neighbors, and altogether he has a thankless task. In the country dependence must be put on the attending physician.

Dr. I. E. Atkinson thought we should bear in mind the great difference between hospital statistics and those in private practice. In hospital the very ill and the pronounced cases are seen, but outside some cases are so atypical that they do not come under the physician's care at all. The ambulatory cases of typhoid fever may never be recognized at all unless sudden death from bowel rupture reveals the true cause. When all these are properly diagnosed and taken into the account the mortality rates are much lower. The public is trained to deny the presence of the disease as affecting that neighborhood and may call it typho-malarial, gastric or bilious fever. If an untrained nurse fails in cleanliness she may carry or contract the disease. The ice supply is a source of typhoid when it is taken from a sheet of water from the watershed of an inhabited district. The milk supply causes the disease more often than is supposed because it is so hard to trace it. The dairyman may be honest in looking for the disease, as in series of cases which he had seen in an institution, but as most dairymen gathered milk from many farms it is almost impossible to trace the disease. The cesspools in Baltimore are a factor in the causation of this disease ; the autumnal prevalence of it may be due to infection at summer resorts.

Dr. George H. Rohé said that we should bear in mind that many cases of acute miliary tuberculosis were mistaken for typhoid fever and only the autopsy revealed the true state of affairs. He thought that much harm was done in using what was supposed to be a germicide when it was not. Many so-called germ destroyers came put up in beautiful bottles and with strong recommendations from men who liked to see their names in print. Such stuff was not only worthless, but it allowed infectious matter to be thrown out as inert. Too many of these so-called germicides were of no use. Hot water at a temperature of 160° to 170°, as Dr. Sternberg had shown, was an efficient and easily obtained germicide.

Dr. William H. Welch said it was difficult to trace the origin of typhoid fever, especially in a given case or group of cases. We are inclined to be too adherent to the exclusive source. It may come from water, from milk, the soil and even the dust. We have no proof of this, but it cannot be disproved. Even the theory of spontaneous origin cannot be disproved, but it cannot be proved. Rubner says that the typhoid bacillus may be considered with our present knowledge a saprophyte. All investigations lead to one point and that is thorough prophylaxis. Use good water, pure milk, disinfect the dejecta in doubtful cases and keep the surrroundings clean, and do all we can to improve the sanitary arrangements in all directions. The special problem is typhoid fever in country districts. There is a great reluctance to recognize the disease in places ; perhaps it is due to local patriotism. It is an index of the sanitary condition of that district and it is considered a reproach to have the disease to any extent. We should have definite information of the number of cases in any district, not for curiosity, but for sanitary reasons. He heartily endorses Dr. Osler's remarks to stir up the physicians generally to learn more about this disease and take prompt action for the benefit of all to keep it away or to restrict it. A city should be protected beyond its boundaries. There should be co-operation between city, State and county boards of health. One reason why we are so backward is because we have no national board of health. A disease does not respect artificial boundaries. The national need not inter-

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fere with the State board of health, but only act as a co-ordinating agent. He agrees with Dr. Atkinson about central filtration. Self purification is a delusion and a snare. The detection of the bacillus is very difficult, that is in water; so difficult that it has no practical value. The typhoid bacillus lives in water from 6 to 8 to 20 days and in soil it lives indefinitely, three months at least. The incubation period is from 20 to 22 days. We should guard against contamination of the soil and should not be hasty to blame water or milk. The determination is difficult. Few houses will stand a thorough investigation without finding some sanitary flaw and, this found, the physician is satisfied when this may not be the cause and the real cause goes on unnoticed. Usually the physician is too easily satisfied. A thorough cleaning up on all sides reduces the chances of spreading the disease and removes the cause.

Dr. B. B. Browne asked how it was possible to have such hot water as Dr. Rohé suggested always on hand, especially in the country.

Dr. Rohé said it was very simple to heat water anywhere and even if it was boiling, by the time it was mixed with the typhoid dejecta it would be about at the right temperature and should stand for an hour or more.

Dr. James A. Steuart deplored the absence of vital statistics in Maryland. He had sent out a large number of cards to physicians throughout the State asking questions and a return card addressed was enclosed and the questions required short answers, and yet he received but few answers. The trouble was the great apathy of the physicians of the State.

Dr. Thomas S. Latimer said that if the doctrine of spontaneous origin were true then there would be a general unsanitary condition. The great difficulty in the way of boards of health was defective legislation. Every physician should carefully disinfect the stools at the time they are passed. This would be little trouble and this plan would be simple.

Dr. John R. Uhler said that the disease was spread by the large amounts of manure that was spread over the watersheds that supplied Baltimore with drinking water. The use of service reservoirs for boating and skating where the ladies' dresses swept the ice could affect the drinking water.

Dr. William Osler, in closing the discussion, said he thought that he was voicing the sentiment of the Society when he moved that the authorities of the cities and counties throughout the State be urged to adopt means for the compulsory notification of cases of typhoid fever in their respective boards of health. This was carried unanimously.

WEDNESDAY, APRIL 24, SECOND DAY.

Dr. Julius Friedenwald read a paper entitled The Quantitative Determination of the Rennet Zymogen; its Diagnostic Value in Certain Diseases of the Stomach.

Dr. Charles O'Donovan related A Case of Syphilitic Endocarditis causing Mitral Insufficiency.

Dr. Simon Flexner then reported A Case of Peritonitis Caused by the Invasion of the Micrococcus Lanceolatus from the Intestines. This was discussed by Dr. P. C. Williams, who related his own experience when he had peritonitis.

Dr. John W. Chambers then reported some Notes on Sarcoma with Cases.

Dr. L. McLane Tiffany then spoke of Bullet Wounds of the Liver and Stomach with Closure by Tampon. His case was a German, male, aged 37, who received a pistol wound in the abdomen. The ball was fired at short range. The wound was to the right of the median line, two inches below the xiphoid cartilage. There was a stellate wound in the liver and two in the stomach. He cleaned off the parts, stopped the hemorrhage, sewed up the wounds in the stomach. There were no bad symptoms. He gave the man a purge and the bullet passed by the rectum. He put a tampon over the liver wound and this he took off on the seventh day. There was some phlebitis, from which he recovered. The man at the time of the report was doing well. Immediate treatment was important. It is not so hard to see to operate in the lower abdomen where the con-

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tents are not fixed, but in the upper part it is difficult. He related the indications for operation and spoke of the condition of the parts under various circumstances.

Dr. Randolph Winslow referred to cases which he had had of this kind and spoke of the times when the abdomen should be opened and when it should not.

Dr. R. W. Johnson said he did not believe in doing a laparotomy for small abdominal wounds.

Dr. T. C. Gilchrist then read a paper entitled Protozoic Infections with Demonstrations of Photomicrographs and Specimens.

Dr. C. O. Miller read a paper on the Aseptic Cultivation of Protozoa.

Dr. W. Milton Lewis read a paper on the Relation Existing between Gall Stones and Hepatic Abscess, in which he emphasized the importance of examining the blood by which the diagnosis of septic infection may be decided; a careful examination of the urine and the need of great care in making the diagnosis.

Dr. William H. Welch said that the bile was free from bacteria except at the mouth of the common bile duct. The bile has very slight antiseptic power and it is not easy to explain the absence of bacteria. It is very common for the bacteria to wander from the duodenum into the bile duct. A very large number of bacteria perish in passing down the intestines, but in the duodenum they have not as yet perished and we have a greater number of bacteria and a greater variety. When the bile ceases the conditions are favorable for the growth of bacteria. The formation of circumscribed abscesses is very rare. The bacillus coli communis is very common in the gall passages. There is no evidence that the bacillus coli communis can cause abscesses. He has been much interested in the bacteriological formation of gall stones. There is a relation between the presence of gall stones and the bacillus coli communis and the formation of gall stones. He has been making cultures from the interior of gall stones and in the great majority of instances he has found a pure culture of the bacillus coli communis in the interior of gall stones with no bacilli on the outside. The microscopical examination of the pus from liver abscess assists in making the diagnosis. It looks like pus with the naked eye but the microscope shows it is not, but it is only broken down tissue, detritus, etc. This is peculiar to the pus of the liver due to the amoeba; other kinds do not cause this.

Dr. Lewis said in closing that the amoebae were not found in the pus, but pus cells were found, showing it to be a genuine pus.

THURSDAY, APRIL 25, THIRD DAY.

Dr. John C. Hemmeter read two papers, one relating Experiments on the Motor Functions of the Stomach, and the other on the Effect of Digestive Diseases on the Heart.

Dr. William S. Thayer read a paper on the Relation of the Different Types of Malaria to the Seasons of the Year.

Dr. J. C. Harris asked if he knew where most of these cases came from.

Dr. I. E. Atkinson said that in his experience in treating winter attacks of this disease, if the patient has not had a previous attack he has been in the locality where he might have had it. He believes from a clinical experience that malaria does not originate *de novo* when the temperature reaches freezing point. Those cases carry the organism in the body and it does not develop until the vitality is lowered.

Dr. James A. Steuart said it had been said to be due to the drinking water as well as the bad air. Often a case will recover, according to Dr. Lewis of North Carolina, by simply changing the source of water supply.

Dr. George J. Preston thought the points that Dr. Atkinson made were the most important.

Dr. J. E. Michael said that he had lived in a part of the country where the disease was more or less common and that it appeared and disappeared with no apparent explanation.

Dr. C. O. Miller spoke of the spread of the disease by drinking water.

Dr. S. A. Keane related his own experience with the disease and how he

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had suffered and moved about and the disease went with him. He thinks the system may become hardened against the disease and that may account for its apparently dying out in some regions.

Dr. Thayer spoke of the relapses in his cases and said that experiments had been conducted in southern Italy and Sicily in making persons drink malarial water and even the blood of those with the disease without injurious effect. It was thought that malaria might be brought by insects just as Texas cattle fever, as shown by Theobald Smith, was given to cattle. There is no proof of this for malaria.

Dr. J. Whitridge Williams then read a paper on the Treatment of Puerperal Fever; a Warning Against the Indiscriminate Use of Corrosive Sublimate; in which he reported a case in which he felt sure that death was caused by the too careless use of corrosive sublimate. In injecting the interior of the uterus some of the solution was left in in sufficient amount to cause the fatal effects.

Dr. J. H. Branham referred to cases in his own practice, but he doubted if Dr. Williams' case died from the corrosive sublimate solution alone.

Dr. B. B. Browne has seen cases in which poisoning was caused even by weak solutions.

Dr. A. K. Bond said that clinically it made no difference what was used, just so we keep the parts clean. He believed in auto-infection.

Dr. Wilmer Brinton thought that most cases of poisoning came from without and if we followed Dr. Bond's idea of auto-infection we take away all personal responsibility and make the attendant careless.

Dr. L. E. Neale had never seen a case of bichloride poisoning in his life and did not think he had taken greater precautions than anyone else. He agreed with Lusk that it should be used when necessary, once or twice, but not in repeated applications. Its use should be followed by plain boiled sterilized water.

Dr. J. E. Michael thought that the case related was not one of genuine bichloride poisoning. He had not seen one in 2000 cases at the University Lying-in Hospital. There were few advantages in the use of the bichloride solution and many disadvantages.

Dr. Williams did not come before the Society to report this case of bichloride poisoning so much as to show that in the majority of cases no matter what we use we have the mechanical cleaning out of the uterine cavity whether we used boiled water or the bichloride solution. These solutions cannot always get at organisms, which travel so fast that they are found in the peritoneum in a short time.

Dr. W. S. Smith then read a paper entitled Careless and Unscientific Midwifery with Special Reference to some Features of the Work of Midwives.

Dr. Thomas A. Ashby read a paper on Persistent Uterine Hemorrhage; its Sources, Dangers and Treatment; in which he showed a curette and dilator which he had used with great success.

Dr. R. M. Hall referred to some cases of his with uterine hemorrhage and the difficulty of their treatment.

Dr. George H. Rohé spoke of the use of currettage in stopping uterine bleeding and the removal of the uterus.

Dr. J. R. Uhler said it was important to make the diagnosis of the cause of the bleeding and then he used astringents.

Dr. T. A. Ashby said that sometimes a small deposit caused a violent hemorrhage.

Dr. George J. Preston read a paper on Tetany, with Report of a Case.

Dr. H. M. Thomas read a paper on Tetany during Pregnancy.

Dr. Samuel J. Fort read a paper entitled Heredity as a Factor in the Etiology of Idiocy.

At the night session Dr. M. Allen Starr delivered the Annual Oration on the Causation of Nervous Diseases. (See page 19.)

FRIDAY, APRIL 26, FOURTH DAY.

Dr. W. Milton Lewis read a paper on Melaena Neonatorum.

Dr. R. T. Taylor read a paper on Recent Improved Methods of Infant Feeding with especial Reference to Modified Milk, in which he compared the composition of mother's milk to cow's milk

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and showed how to prepare the latter to approximate the former. He said that all baby foods were bad and too many relied on the statements of the manufacturers. He spoke of the necessity of good and pure milk and reviewed the work of the Walker-Gordon laboratories in Boston, where milk of any kind and strength may be ordered by the physician on prescription and among the poor it is distributed free. He urged the necessity of such a laboratory in Baltimore and spoke of the good it would do.

Dr. J. Whitridge Williams did not agree altogether with the tables shown by Dr. Taylor, yet he thought his contribution very valuable.

Dr. F. D. Sanger and *Dr. L. E. Neale* also discusssed this paper.

As a result of this paper the following resolution offered by Dr. L. E. Neale and amended by Dr. J. D. Blake was carried ; that a committeet of three be appointed by the President of this Faculty to investigate the subject of Dr. R. T. Taylor's paper and bring this matter in some practical form before the physicians of this city and State at as early a date as possible, and finally report at the next meeting of the Faculty. The President appointed Drs. R. T. Taylor, L. E. Neale and W. F. Lockwood.

Dr. Harry Friedenwald read a paper entitled the Significance of Variations in the Caliber of Retinal Arteries.

Dr. Hiram Woods made a Contribution to the Study of Pseudo-Membranous Conjunctivitis.

Dr. William F. Lockwood reported Three Cases of Purulent Otitis Media which ended Fatally.

At the business meeting on Wednesday night the reports of the various officers were read and accepted. The following amendments to the constitution, offered by the Committee on Permanent Location, were then adopted :

ARTICLE X.—Title Dues. To read " For the purpose of defraying the expense of publishing the transactions, of increasing the efficiency of the library and of meeting incidental expenses, each member of the Faculty residing in the city of Baltimore shall be assessed six dollars annually. The members residing in counties shall be assessed two dollars annually. These assessments must be paid within thirty days after each annual meeting. It shall be competent for the Faculty to levy additional assessments if the emergencies of the treasury should require it."

ARTICLE XI.—Title Dues and Appropriations for Library. "That for the first fiscal year, beginning April 23, 1895, the appropriation to the library, including the salary of the librarian, registrar of nurses, secretary and assistant librarian and assistant registrar of nurses' directory, be $600. In future years the amount to be appropriated shall be determined by the Executive Committee at its first meeting each year, upon itemized estimates submitted by the outgoing library committee at the previous annual meeting."

ARTICLE XII.—New Article. Trustees. " That the Board of Trustees (formed by the Faculty, March 20, 1895) render in writing a report giving a financial statement of their receipts and expenditures during the past fiscal year."

Change Article XII to XIII.

The following amendment offered by Dr. Wilmer Brinton was adopted :

" That no doctor of medicine who has graduated since June, 1892, shall be eligible for membership in this Faculty, unless he has passed the examination of the Board of Examiners of the State of Maryland and is recommended for membership by a member of this organization."

Dr. Edward M. Schaeffer offered the following, which was adopted : " That it be the sentiment of the Medical and Chirurgical Faculty of Maryland that free public baths are a much to be desired as a sanitary feature in this community and that the Mayor and City Council of Baltimore are hereby respectfully urged to further their establishment at as early a date as possible."

Dr. S. T. Earle, Chairman of the Committee on Legislation, offered the following, which was adopted : " That a Committee of three be at once appointed by the President of this Faculty to look after the enforcement of the law

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to regulate the practice of medicine in this State, who are hereby authorized to employ an agent for the detection of violators and proper counsel for their prosecution and that the State licensing board be instructed to turn over to this committee all surplus funds for the purpose of carrying out the provisions of these resolutions." The President appointed as the committee Drs. S. T. Earle, I. E. Atkinson and Wilmer Brinton.

The President appointed as Trustees of the Faculty Drs. T. A. Ashby, I. E. Atkinson, Wilmer Brinton, William Osler, George J. Preston, G. Lane Taneyhill, L. McLane Tiffany, William H. Welch and H. P. C. Wilson.

Dr. William B. Canfield offered the following, which was adopted: "That the committee having in charge the semi-annual meetings be hereby instructed to endeavor to secure reduced rates from the transportation companies, hotels and boarding houses at the place of meeting and that the committee on programme publish these reduced rates on the programme which shall be distributed and that the programme shall be sent to the members at least five days before the semi-annual meetings."

Dr. John Morris offered the following, which was adopted: "That inasmuch as the State Board of Health (Revised Code 1888, Article 43) and the Vaccine Agency (Public General Laws, 1888, Article 43) have not fulfilled the expectation of the medical profession or the people of the State of Maryland nor the purpose for which they were created, therefore the legislative committee hereafter to be appointed be instructed to formulate measures to be submitted to the next legislature, having for their object a stronger and more effective administration of sanitary affairs."

Dr. Robert T. Wilson offered the following, which was adopted: "That the publication committee publish in the transactions a list of the Vice-Presidents (beginning with the year 1799) as is done with the Presidents."

On motion of *Dr. S. T. Earle* the following was adopted: "Inasmuch as the committee to whom has been referred the prosecution of violators of the medical practice act may find the present law insufficient to meet all the cases for whom it was intended;

THEREFORE, be it *Resolved*, That the committee on legislation be authorized to procure such amendments to the present law, from the legislature of 1896, as in the opinion of the committee on legislation and that for prosecution of the violators of the medical practice act may deem necessary."

Dr. James A. Steuart moved a reconsideration of Dr. John Morris' resolution, which was then laid on the table by a resolution by Dr. J. E. Michael.

The following officers for the ensuing year were elected: President, Dr. J. Edwin Michael; Vice-Presidents, Drs. C. Birnie and Charles G. Hill; Recording Secretary, Dr. John S. Fulton; Assistant Secretary, Dr. Robert T. Wilson; Corresponding Secretary, Dr. Jas. M. Craighill; Reporting Secretary, Dr. W. Guy Townsend; Treasurer, Dr. W. F. A. Kemp; Executive Committee, Drs. L. McLane Tiffany, Aaron Friedenwald, David Streett, G. J. Preston, President, Treasurer and Secretary *ex officio;* Examining Board for the Western Shore, Drs. J. M. Hundley, R. Winslow, C. O. Miller, Hiram Woods, S. T. Earle, J. D. Blake, Charles H. Jones and Joseph T. Smith; Examining Board for the Eastern Shore, Drs. W. S. Maxwell, W. F. Hines, W. R. Trippe, B. W. Goldsborough and James M. Bordley.

The following appointments were made:

Committee on Library.—Drs. B. B. Browne, J. D. Blake, H. M. Hurd, G. J. Preston, W. B. Platt.

Committee on Publication.—Drs. John S. Fulton, W. F. A. Kemp, S. K. Merrick, W. P. Chunn, I. R. Trimble.

Committee on Memoirs.—Drs. E. F. Cordell, D. W. Cathell, John Morris, W. A. B. Sellman, J. C. Thomas.

Committee on Ethics.—Drs. G. W. Miltenberger, W. F. Lockwood, T. S. Latimer, Samuel C. Chew and R. H. P. Ellis.

Committee on Programme.—Drs. Hiram Woods, S. J. Flexner, David Streett, H. Friedenwald and J. N. Mackenzie.

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Committee on Legislation.—Drs. S. T. Earle, Jackson Piper, A. Friedenwald, J. F. McShane, J. McP. Scott, F. B. Smith, J. D. Blake, J. W. Hocking, Wm. Lee, L. E. Neale, E. N. Brush, C. G. Hill, R. B. Norment.

Curator.—Dr. H. A. Rowland.

Committee on Membership.—Drs. T. A. Ashby, J. W. Williams, C. W. Mitchell, W. S. Thayer.

Committee on Preventable Blindness.—Drs. J. F. McShane, J. Frank Crouch, J. W. Funck, R. L. Randolph, H. Woods.

Committee on Union for Public Good.—Drs. P. C. Williams, A. K. Bond, W. J. Todd.

Committee on Milk Laboratory.—Drs. W. F. Lockwood, L. E. Neale and R. T. Taylor.

Delegates to American Medical Association.—Drs. I. E. Atkinson, Robert T. Wilson, David Streett, W. Guy Townsend, H. P. C. Wilson, Wm. Lee, H. A. Kelly, J. W. Humrichhouse, James Bordley, W. Green, H. D. Norris, J. C. Hemmeter, W. P. Wyse, W. B. Canfield, F. E. Chatard, J. M. Craighill, J. H. Branham, W. F. Hines, W. A. B. Sellman, Charles M. Ellis, H. M. Thomas, A. Friedenwald, H. Salzer, H. A. McComas, Amanda T. Norris, W. E. Moseley, Charles O'Donovan, A. C. Pole, Alex. Porter, C. H. Riley, N. R. Smith, Claude Van Bibber, C. B. Ziegler, George B. Reynolds, F. D. Sanger, T. C. Price, H. Harlan, E. D. Ellis, John G. Jay, C. G. W. Macgill, S. J. Fort, George A. Fleming, T. C. Gilchrist, J. A. Steuart, W. J. Craigen, J. E. M. Chamberlain.

Delegate to West Virginia Medical Association.—Dr. W. Guy Townsend.

Delegates to Pennsylvania State Medical Society.—Drs. J. E. Sandrock and T. J. Brayshaw.

Delegate to Virginia Medical Society.—Dr. T. J. Brayshaw.

The following new members were elected: Drs. John J. Abel, Delano Ames, B. J. Byrne, G. H. Carpenter, T. W. Clarke, T. A. Councell, John A. Doerner, Wirt A. Duvall, Edith Eareckson, Cary B. Gamble, Jr., Francis F. Greenwell, William F. Hall, Jerome H. Hardcastle, Robert Hoffman, C. R. Miller, Joseph C. Ohlendorf, Jr., T. C. Peebles, J. I. Pennington, W. H. Perkins, H. O. Reik, Morris C. Robins, Frank R. Smith, Robert T. Taylor, and Lilian Welsh.

Dr. M. Allen Starr was elected an honorary member.

AMERICAN MEDICAL ASSOCIATION.

FORTY-SIXTH ANNUAL MEETING HELD IN BALTIMORE, MAY 7 TO 10, 1895.

GENERAL MEETING.

FIRST DAY, TUESDAY, MAY 7.

The forty-sixth annual meeting of the American Medical Association was called to order by the President, Dr. Donald Maclean of Detroit. After an opening prayer by Bishop Paret and address of welcome by Mayor Latrobe of Baltimore, Dr. Samuel C. Chew, chairman of the reception committee, made a few remarks calling attention to the long time since the Association had met here and the great changes which had been made. Dr. William Osler, in the absence of Dr. J. J. Chisolm, spoke a few words and urged the members to attend to their section work and make the meeting a notable one. Dr. Donald Maclean then delivered the President's Address on a Few Living Issues affecting the Practice of Medicine and what came of them. He reviewed the history of medicine and showed what progress we had made. He said that "a National Bureau of Health, superintended by a competent medical authority, who shall be a member of the cabinet, could not fail to secure for the nation benefits beyond the language of dollars and cents to express. A united and dignified effort on the part of this Association and its allies ought to secure this enactment. The vast importance of such an act is obvious to the members of this Association, and our imperative duty, as it seems to me, is to impress the active and public-spirited statesmen who guide and control the affairs of the nation with the essential truth and value of our views. The very respectable problems of foreign

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policy which have, in recent times, engaged the attention and elicited the energies of our law-makers, seem to sink into insignificance in comparison with the great and benign proposition here presented. It is my deliberate opinion that the establishment of a bureau of health as an integral part of the nation's executive will prove an effective instrument in promoting the public welfare. It will be the means of unifying efforts in the suppression of dangerous diseases. It will afford opportunity for restraining the effete despotisms of the Old World from adulterating our population with the vicious and degenerate. It will be a means whereby this enlightened and progressive republic may exemplify to the world the true mission of medical science. It will offer another agency for disseminating the truths of scientific discovery; another means of discriminating between that which is permanent and immutable and that which is transitory and accidental in medical achievement.

"The party, professional or political, which shall succeed in consummating this wise measure will assuredly earn for itself the gratitude and applause of an appreciative nation. The individual citizen who shall materially contribute to the success of this noble, useful plan will be justified in congratulating himself on having realized the lofty aspiration of the patriot, as well as the sublime and pathetic wish of the poet that mortals approach the gods by giving health to men."

His paper received great applause and was referred to the executive committee with instructions to bring it to the attention of the national authorities.

What promised to be a very sharp discussion on the advertising columns and the management of the *Journal of the American Medical Association* was quickly tabled.

After passing a resolution similar to that adopted by the American Academy of Medicine, requesting Congress to place surgeons in the navy on an equal footing with those in the Army, which is claimed to be not now the case, the Association adjourned until Wednesday.

AMERICAN ACADEMY OF MEDICINE.

TWENTIETH ANNUAL MEETING HELD AT BALTIMORE, MAY 4 AND 6, 1895.

Dr. James W. Walk of Philadelphia read a paper on The Limits of the Physician's Duty to the Dependent Classes.

Specialists have become a necessity. We are not only pathologists and therapeutists but also men and citizens, with the privileges and responsibilities appertaining thereunto; and the added duty because of our special knowledge. The physician should be a teacher of preventive medicine. This duty to the community can be performed without any undue sacrifice of time or labor.

Beyond is the wider field of so-called charitable work, nine-tenths of which is rendered to the dependent classes; those burdens of every modern community. In almost all the almshouses, infirmaries and public hospitals maintained by taxation, the medical services are rendered without pay, which is wrong. They are a part of the protective system of the community, and the doctor should no more donate his services than the merchant his wares. Many institutions supported by voluntary contributions have developed beyond the real needs of the community. Thus, in Philadelphia, investigation shows that 20 per cent. of the inhabitants receive free medical attendance, and other statistics show that the actual pauper class does not exceed 1 per cent. If this is done for charity, it is a mistaken kindness; if for selfish purposes, it does not accomplish what is desired. Some time ago an examination was made into the professional history of twelve physicians who enjoyed large and lucrative practices; nine had devoted themselves to exclusively private practice from the start.

No adequate remedy has been found up to the present. Provident dispensaries, monthly payments, etc., have been tried with little success. If the circumstances of every patient were investigated by competent agencies, as the charity organization societies, the evil would be, to a large degree, prevented.

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The opposition to this plan comes from the physicians who desire large clinics.

Dr. W. L. Estes of South Bethlehem, Pa., read a paper on Hospital Management.

The proper conduct of a hospital requires a dual management; that which relates to the patients, their care and cure; and the purely executive or business side. While they are mutually interdependent, it would be possible for the medical board to manage the executive side, but a board of trustees, composed of never so excellent laymen, could not carry on the scientific side.

In many instances the board of managers are, practically, responsible to none but themselves and the executive committee usually controls the board, constituting the real power. The oversight of the Board of Charities should be made a real one and a competent accountant should audit the books for the Board of Charity yearly.

A physician was more fitted for the position of superintendent and surgeon-in-chief could be given to the same person with a steward capable of managing all the details of the care of the hospital.

The medical staff usually has not an equal voice in the management of the hospital, which is wrong; it should be equal in power and influence with the Board of Trustees and appointed by the same appointing power. The service of the visiting staff, instead of, as is usually the case, having a term of months should be continuous throughout the year. As this will take more of his time, he should receive some compensation for his services.

The purpose of a hospital is, primarily, for the administration of charity. If the undeserving are able to receive help, these are apt to assert themselves and crowd out the really deserving; hospital rivalry is an incentive to this condition. We have too many hospitals, and the effect of the over-supply is to encourage the treatment of those who should not be the recipients of charity. The custom of seeking a hospital for prolonged or serious ailments is increasing, and must enhance the desire to secure hospital appointments, causing them to be accepted, sometimes when the true dignity of the profession would suggest a declination.

Dr. Walter L. Pyle of Washington, D. C., read a paper on The Emergency Hospital, with a Plea for Municipal Government. The Emergency Hospital is an institution for the reception of recent cases when immediate medical attention is peremptory, and, to best accomplish this purpose, no other cases should be received.

It should be easily accessible, in convenient communcation with a police station. The emergency room should be kept constantly in readiness for any operative procedure. An "emergency ward" should adjoin this room, and some padded wards for alcoholics, the acutely insane, etc., should also be found on this floor.

For the ambulance calls, a system patterned on the fire alarm is preferable. The ambulance should never go out without a surgeon fully equipped, and the ambulance surgeon should be one of the more experienced of the resident force, preferably the first assistant. The chief resident should be a man capable of attending to any case that may be received and he should have abundant and efficient assistance.

The administration should belong to the municipal authorities, having an advisory board of physicans and surgeons. In the matter of the support of the hospital, the custody of criminals and the transfer of patients to other hospitals, the emergency past, control by the city is desirable. Then, too, the resident staff, being attachés of the Department of Public Safety, would be of assistance to the court in their official capacity.

The question of publicity is one of importance. It should be remembered that the newspapers have rights, among them to have information regarding accidents. At the same time, an exaggerated account of an injury works harm. It would be well for the chief interne to see the reporters and give them the proper information; or to post a bulletin to which they had access. The police reporter's badge should give reporters the right to be admitted; should it be found

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that he was abusing his privilege a letter to the editor would probably prevent any further abuse. It is better to err on the side of the reporter in furnishing news, at the same time the patients' requests and circumstances should be regarded.

Dr. Emma B. Culbertson of Boston read a paper on How to Reform the Dispensary Abuse. Indiscriminate professional charity works harm; first to the patient, whom it pauperizes; second to the physicians, since crowded clinics lead to slovenly work; third to the younger members of the profession, as it deprives them of proper experience; fourth to the profession at large, since these acts are misinterpreted by the community and the dignity of the profession is lowered.

In the writer's mind, the fault lies chiefly with the profession. Because of the moral reward for services rendered and the philanthropic tradition of the profession, physicians, as a class, have ignored their sociological responsibility; even while the relief of suffering is a reward, no one has a right to receive that reward at the expense of the self-respect of the sufferer. An endeavor should be made to secure efficient aid to the really needy; preservation of self-respect to those assisted, partial assistance to those in narrow circumstances and exclusion of the unworthy. In accomplishing these objects, fraternal aid and countenance can frequently be given to the younger members of the profession. The sifting out of unsuitable cases gives more time for those treated, and the payment of a small sum by these is helpful to the patient; those who are found to be able to pay a diminished fee can be seen at a private office. It was found at one hospital that those who ought not to have come to the clinics either refused to sign the blanks or never returned. But the fact that the patient simply went to another dispensary along with the additional labor of investigation, which was not given to a special officer as it ought to have been, caused the temporary abandonment of the plan. When it was found that a patient was able to pay even a reduced fee, most of them, by the use of a little tact, were persuaded to visit a physician.

Dr. George M. Gould of Philadelphia read a paper on Hospitalism. The Dispensary Disease, or Hospitalism, is a contagious epidemic, ingravescent neurosis of civilization. It attacks three considerable classes; the professional philanthropist, the commercial physician, and the social sponge.

Two chief factors enter into its causation; the morbid desire of the lazy charity monger to perform his duties vicariously, and the ambition of certain physicians to "get on regardless."

The disease exhibits a somewhat different symptom-complex in each class affected.

1. In the endowing class, many of whom are placed by death beyond the reach of our criticism; with these, endowments are made without proper stipulation as to their management; this is mournful, because in so many ways their money could be used for the real good of mankind.

2. The layman suffers when once the dispensary disease lays hold on him. He buys medical advice for nothing and pays a high price for it; and when once attacked, the disease fastens itself on him. The commercial medical college aids greatly in disseminating this disease.

3. The physican suffers under the influence of the necessity of treating crowds of mingled deserving poor and of undeserving sponges; it acts disastrously on his disposition and manners. His patients degenerate into clinical material. Hospitalism leads to the degeneration of the physician to the therapeutical or pathological fiend. He frequently uses his position for private ends and for that alone.

Thus we are cruelly, consciously, persistently, committing professional suicide. By our giving the most valuable thing we possess for naught, we are teaching others to place no value on it and our profession is viewed with contempt.

No one remedy will accomplish a cure. Let us preach incessantly the truth that indiscriminate charity is unadulteratedly sinful and cruel.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, MAY 11, 1895.

American Medical Association.

AT the present writing the outlook is for a very successful and enjoyable session of the American Medical Association. Members and delegates with their families have arrived from all parts of the country, principally from the west, and the opening meeting of the general session in Music Hall showed that a large audience had gathered to hear the addresses of welcome.

Like schoolboys on a holiday, many of the members have come determined to enjoy themselves and take a rest, perhaps much needed from hard work. The receptions and banquets attracted a large number and the excursions were very popular. Necessarily there was some friction in the workings of such a large body and sectional strife was bound to show itself. On the whole, however, harmony has been the rule and good work was done. One very pleasant feature was a meeting and banquet of the editors and publishers on Monday night. Men who mould and reflect medical opinions (or think they do) came together and enjoyed an interchange of ideas and dwelt peacefully together until the small hours.

The profession as a whole has not been equally represented, those from the western States being in the majority. The visitors seemed to be satisfied with their reception and treatment and after a lapse of so many years were glad to visit Baltimore again. Such meetings do the profession of a city good in stirring them up and infusing new life.

* * *

Typhoid Fever.

THE subject for discussion at the State Society's meeting, on typhoid fever in country districts, brought out facts not new, but they were presented in an attractive way and may lead to some good reforms. The question of controlling the waters which supply large cities and towns is an important one and involves much expense. How far an efficient State board of health could trace up cases of typhoid fever in the country and remove the cause is not easy to say. So far, this board has not attempted anything approaching that. In Baltimore an ordinance has been introduced into the City Council, asking that typhoid fever be put on the list of diseases to be reported. Whether cases of this disease will be reported is hard to say, for it is well known that many neglect to report diseases apparently more alarming than this one. If, however, typhoid fever be put on the list of diseases to be reported, the discussion of the State Society will not have been in vain.

* * *

Unmarried Physicians.

IT is curious how hard it is to live down a prejudice. It has always been supposed that it is not well for man to be alone and this was especially said of the physician. The two horns were either that no physician can afford to marry until he has a practice and he cannot get a practice until he marries. It has been supposed that a physician, be he young or old, cannot attend to family practice, particularly where there are young women, unless he is married. Why this is so it is not easy to say.

In large cities patients do not always know whether their physician is married or not unless they are rather well acquainted and in many cases where confidence has been gained the unmarried man has shown himself as

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good as the benedict. The idea may imply that an unmarried man is an immoral man, or some such unjust reason may be assigned, but as a fact it could be with just as much effect reasoned that the unmarried physician is the better man of the two because he can devote his whole time to his profession.

Whatever the truth may be it is certainly a fact that when prejudice has been overcome and the unmarried man has once gained the confidence of the family he makes his way as well as his more fortunate colleague. This is one of the many traditions and prejudices that hang around the medical profession and the sooner it is brought out in its proper light the better for all concerned.

Too many men rush into matrimony at an early and unripe age because they think it will help to promote their professional advancement and after a few years they have time to repent at leisure. There are many more who commit this act and do not repent because they have chosen wisely, but for the sake of the few who use matrimony as a stepping stone to success, the public should be taught that, all things being equal, the unmarried physician is just as good, just as reliable and just as worthy of confidence as the married man and the mere marrying of an unfit man does not fit him for the confidence of his patients. The single man has for his defence that he has no one to whom he can tell his professional secrets, while the married man may often be tempted to tell his better half in the strictest confidence that Mrs. So-and-so is in such and such a condition.

Therefore give the devil his due and if a good man is able and worthy he should stand on his own merit whatever other conditions exist.

* * *

The Medical Law.

ONE important act at the recent session of the State Society was the resolution giving the committee of three power to take such steps as it saw fit to promote the enforcement of the law regulating the practice of medicine in the State of Maryland. This may be done by collecting such evidence as will enable good juries and legal officers of the State to proceed against offenders.

Further than this a resolution was also passed, authorizing the committee on legislation to obtain such legislation from the next State legislature as may increase the efficiency of that law.

The State of Maryland has always had a hard time in dealing with incapable practitioners and it is astonishing how much apathy is exhibited when a bill is introduced into any State or municipal body respecting the public health, except by the opponents of this bill. This has been the fate of the medical law. It was killed at one legislature by men who had private interests at stake and who had influence enough to make a weak governor do what they pleased. Later a law was passed, but no money being appropriated it was inoperative. Now a fairly good law is on the statute books, but it is said to have some defects and even if it were perfect the prosecuting machinery of the State is in such a condition that those accused of minor offences, such as practicing without a license, are not prosecuted, and thus escape. It would be a just punishment if these law officers who declined to prosecute illegal practitioners were compelled to be one of the patients of these incapable doctors. A public officer may be apathetic or negligent or even criminal as long as he himself is not concerned, but let the affair concern himself personally and then justice is done and that right quickly.

This committee needs money to employ agents as other societies do, to obtain evidence and it should be everyone's pleasure to contribute a small sum, not less than two dollars, to help on this work.

* * *

Academy of Medicine.

TOO MUCH praise cannot be given to the excellent work of the American Academy of Medicine, which began in a small way but which by its constant demands for the improvement of educational facilities in medical schools and its interest in sociological questions has been the pioneer in several important movements. All the papers with few exceptions were extremely interesting and many were remarkably strong and the discussions were full of life. The Academy is composed of educated men who have no selfish motives and who are very urgent in bringing about the reform for which they have declared themselves. Every physician who is eligible should see that his or her name is brought before this enlightened body to increase its usefulness and efficiency.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 4, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		16
Phthisis Pulmonalis		15
Measles	56	1
Whooping Cough	5	2
Pseudo-membranous Croup and Diphtheria	5	1
Mumps	1	
Scarlet fever	13	2
Varioloid		
Varicella		
Typhoid fever		1

The Association of American Medical Publishers has decided to issue a monthly bulletin.

The Baltimore University School of Medicine will seek new and more commodious quarters.

About one thousand physicians had registered up to Thursday morning and they were still coming in.

The scientific work of this meeting of the American Medical Association is said to be above the standard.

Dr. Harry Adler, a graduate of the Maryland University, has been made assistant resident physician at the Hebrew Hospital.

Dr. Walter Scott Carswell, graduate of the University of Maryland, has been appointed assistant resident physician at Bayview Hospital.

The death of Dr. Carl Thiersch of Leipsic, Professor of Surgery in the University of Leipsic, is reported to have taken place on Sunday, April 28.

The American Pediatric Society will hold its seventh annual session at the Virginia Hot Springs, where the Society will be the guest of the Virginia Hot Springs Company.

Between two and three thousand dollars were subscribed to the Rush Monument fund at the meeting last Wednesday, making in all about six thousand out of the ten thousand needed for the Monument.

Drs. S. T. Earle, I. E. Atkinson and Wilmer Brinton have been appointed a committee by the Medical and Chirurgical Faculty to promote the enforcement of the medical practice act and solicit funds for the employment of an agent and counsel.

In October, Deputy Surgeon-General John S. Billings will at his own request be placed on the retired list. He hopes to finish his Index-Catalogue by that time. He will at that date accept the chair of Hygiene in the University of Pennsylvania.

Dr. Benjamin A. Turner, late Superintendent of the Maryland Institution for Feeble-Minded Children, at Owings Mills, died May 7. Dr. Turner was thirty-five years old and was graduated from the College of Physicians and Surgeons of Baltimore.

New York City is to have a model school building with a large playground on the roof for pleasant days and an indoor playground on the first floor. On the fifth floor will be a manual training school, with gymnasium and cooking school, and in the basement will be either a number of shower baths or a large swimming pool for the free use of the pupils.

Assistant Secretary Reynolds has decided that the word "elbow" in the pension act of August 4, 1886, was meant in a conventional rather than a technical sense, and that a line drawn around the arm at the lowest point reached by the bone of the upper arm must be held to mark the lower limit of the elbow. When the arm is amputated at or above this line it is to be considered as lost at the elbow, and is pensionable at $36 per month.

A tabulated statement just published by the Marine Hospital Bureau gives the number of deaths from smallpox which occurred in each State and Territory of the Union during the year 1894, as well as the number of cases. The deaths were as follows: Arizona, 1; Arkansas, 24; California, 2; Connecticut, 17; District of Columbia, 6; Illinois, 877; Indiana, 10; Kansas, 7; Kentucky, 1; Louisiana, 1; Maine, 1; Massachusetts, 23; Michigan, 84; Minnesota, 4; Missouri, 2; New Jersey, 12; New York, 337; Ohio, 3; Pennsylvania, 34; Rhode Island, 3; Tennessee, 1; Wisconsin, 253. In several States the disease has been more virulent since the beginning of the present year than it was before.

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WASHINGTON NOTES.

One of the most largely attended meetings of the Medical Society of the District of Columbia took place on Wednesday night, May 1, Dr. T. N. McLaughlin, the Vice-President, in the chair. The regular business was suspended so that Dr. William Osler of the Johns Hopkins University could read his paper on "The Practical Outcome of Laveran's Researches on Malaria." The paper was extremely interesting and was discussed at length by Dr. G. M. Sternberg, Surgeon-General United States Army, Dr. Walter Reed of the Army Medical Museum, Dr. Theobald Smith, Dr. Kober, Dr. J. J. Kinyoun, Dr. Mary Putnam Jacobi of New York, Dr. Stiles, Chief of the Bureau of Animal Industry, and others.

The regular meeting of the Washington Gynecological and Obstetrical Society was held on Friday night, May 3, Dr. A. F. A. King in the chair.

The paper of the evening was read by Dr. John T. Winters on "How shall we Feed the Baby?" This was a very appropriate subject at this season of the year and the paper was discussed at great length by those who are especially interested in children's diseases, such as Drs. George N. Acker, S. S. Adams, W. P. Carr, J. Wesley Bovée and others.

The visitors for that evening were Drs. Kober and D. Olin Leech of Washington and Dr. Solomon of Louisville, Ky. Dr. A. F. A. King was to have read a paper entitled "Secondary Hemorrhage from the Umbilicus with Puerperal Hemorrhage, Recovery," but it was so late that the Society adjourned.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending May 6, 1895.

Leave of absence for two months to take effect upon the conclusion of his examination to determine his fitness for promotion is granted First Lieutenant Henry D. Snyder, Assistant Surgeon, U. S. Army.

UNITED STATES NAVY.

Week ending May 4, 1895.

Passed Assistant Surgeon E. R. Stitt detached from United States Ship "Chicago" and to Nicaragua Canal Board inspection of work on the Isthmus.

Surgeon H. G. Beyer detached from Naval Academy and to the "Monongahela."

Passed Assistant Surgeon L. W. Atler from the New York Hospital and to the "Richmond."

Passed Assistant Surgeon J. M. Edgar from the "Richmond" and to the school ship "Saratoga."

Passed Assistant Surgeon V. C. B. Means from the "Saratoga" to the New York Hospital.

Assistant Surgeon Robert Boyd from Philadelphia Hospital and to the "Monongahela."

Assistant Surgeon Lewis Morris ordered to the Philadelphia Naval Hospital.

UNITED STATES MARINE SERVICE.

Fifteen days ending April 30, 1895.

C. S. D. Fessenden, Surgeon, detailed for duty on Board for examination of officers Revenue Cutter Service, April 17, 1895.

J. B. Hamilton, Surgeon, granted leave of absence for twelve days, April 20, 1895.

G W. Stoner, Surgeon, detailed to represent service at meeting American Medical Association, April 25, 1895.

F. W. Mead, Surgeon, detailed as chairman Board for physical examination officers Revenue Cutter Service, April 17, 1895.

C. E. Banks, Passed Assistant Surgeon, when relieved to report at Bureau for duty as Chief of Purveying Division, April 24, 1895. Granted leave of absence for fourteen days, April 29, 1895.

L. L. Williams, Passed Assistant Surgeon, detailed for duty on Board for examination of officers Revenue Cutter service, April 17, 1895.

W. P. McIntosh, Passed Assistant Surgeon, detailed for duty on Board for examination of officers Revenue Cutter service, April 17, 1895.

J. J. Kinyoun, Passed Assistant Surgeon, detailed to represent service at meeting American Medical Association, April 25, 1895.

R. M. Woodward, Passed Assistant Surgeon, to proceed to Ashtabula, Ohio, as Inspector, April 19, 1895.

C. P. Wertenbaker, Passed Assistant Surgeon, granted leave of absence for ten days, April 16, 1895.

B. W. Brown, Passed Assistant Surgeon, detailed as Recorder Board for physical examination officers Revenue Cutter service, April 17, 1895. Granted leave of absence for twenty days, April 23, 1895.

W. J. S. Stewart, Assistant Surgeon, to rejoin Station at Washington, D. C., April 20, 1895.

Emil Prochazka, Assistant Surgeon, to proceed to Evansville, Ind., for temporary duty, April 29, 1895.

A. R. Thomas, Assistant Surgeon, granted leave of absence for thirty days, April 19, 1895.

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BOOK REVIEWS.

SUGGESTIVE THERAPEUTICS IN PSYCHOPATHIA SEXUALIS; with Especial Reference to Contrary Sexual Instinct. By Dr. A. von Schrenck-Notzing (Munich, Germany). Authorized translation from the German by Charles Gilbert Chaddock, M. D., Professor of Diseases of the Nervous System, Marion-Sims College of Medicine, etc. Philadelphia: The F. A. Davis Co. 1895. Price $2.50. Pp. 325.

While this is not a particularly agreeable book to read still it is a true record of cases which have occurred and are occurring and the cures by hypnotic suggestion show how effective is that form of treatment, in most cases superior to drugs. It is probable that a sexual pervert and an onanist is more easily brought under the influence of a strong mind than a well man. It is unfortunate that this book and similar works have found their way into the hands of the general reading public. Edged tools are dangerous for all except those skilled and if physicians would work cures in apparently miraculous ways they should not allow the laity to read their works.

THE YEAR-BOOK OF TREATMENT FOR 1895. A Comprehensive and Critical Review for Practitioners of Medicine and Surgery. In one 12mo. volume of 501 pages. Cloth, $1.50. Philadelphia: Lea Brothers & Co., 1895.

This useful work is up to its usual standard. It differs very little from the last edition in the general arrangement, except for an unknown reason the chapter on bacteriology has been omitted. The book is larger than previous issues. There are a few changes in authorship but on the whole the same writers contribute. Such a book is not only of practical but of historical value.

REPRINTS, ETC., RECEIVED.

Evisceration of the Eye-Ball. By L. Webster Fox, M. D. Reprint from *Codex Medicus Philadelphiae.*

Ulcers of the Cornea. By L. Webster Fox, M. D., Philadelphia. Reprint from the *Atlantic Medical Weekly.*

On the Physical Causes of Sexual Debility in the Male, as Distinguished from the Psychical Causes. By F. E. Sturgis, M. D., New York. Reprint from the *Transactions of the Medical Society of the State of New York.*

CURRENT EDITORIAL COMMENT.

TUBERCULOUS MEAT.

British Medical Journal.

IT is now universally acknowledged that the flesh of animals suffering from the disease in a severe form, with fever and emaciation, ought to be absolutely condemned as unfit for human food, and ought not to be given to carnivorous animals, but destroyed.

THE INFLUENZA ORGANISMS.

Northwestern Lancet.

THAT epidemic influenza is to be classed among the germ diseases will be doubted only by those who hold that there is no such thing as a germ disease at all. It matters little by way of proof whether the specific germ has been discovered as yet or not, although there is a reasonable probability that the bacilli described by Pfeiffer and Kitasato are the sought-for cause.

ANTITOXINE.

New York Medical Journal.

DOUBTLESS it is yet too early to declare that the efficiency of the antitoxine treatment has been demonstrated, but it must be said that the prospect of such a demonstration is apparent. Whenever any inquiry of this sort is before the profession, and especially when it is before the public, as in this instance, there are never wanting those who set their faces with the fixity of fanaticism against the measure, can see no good in anything so novel and radical, and seize upon every misadventure in its employment to confirm and justify their opposition.

CARE OF YOUNG GIRLS.

Kansas City Medical Record.

WHAT change should we advise in the mode of caring for the present generation of young girls? There is but one way out of the difficulty, which is to habituate the young girls to all the exercises of the boys, such as baseball, football, boxing gloves, foot-racing, jumping, gymnastic exercises, thus relieving them of every restraint practiced today. Remove corsets and keep the girl out of so-called society, out of the parlor and away from the piano until they are fairly well developed, discard medicine for physical exercise and physical labor, and we will have a more perfect young lady. Regularly prescribed physical training is a failure to a great degree. What is needed is more freedom of enjoyment and exercise, more play and less restrained exercise.

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MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 5. BALTIMORE, MAY 18, 1895. WHOLE No. 738

ORIGINAL ARTICLES.

MEDICAL ETHICS.

BEING THE ANNUAL ORATION DELIVERED BEFORE THE ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND, MEDICAL DEPARTMENT, APRIL 16, 1895.

By Rev. J. Bryan Purcell, M. D., Class of 1866.

IT is said that the unexpected always happens. It is certainly so in this case. The pleasure, therefore, of addressing you is the greater. You will permit me then to thank your Executive Committee for calling me to this honor. Thirty years ago I was seated upon one of those upper benches in this hall of chemistry listening attentively to instruction coming from the lips of one who is now in his silent home. He said, "Gentlemen, it will help me very much if you reserve your smoking for outdoors. I would not mind it so much if you were smoking good cigars." This little speech was followed by a good-natured laugh and applause. We were in the midst of war days, and Havanas or Key Wests were not so easily procured. However, there was less smoking in class after that kindly given hint.

On another occasion, in a different room, and by a professor whom we all loved, in the presence of two hundred young men, the lecture was on venereal disease, that section of it which treats of gonorrhea. He said: "Gentlemen, you know its symptoms, heat, swelling, dull pain, fever, itching, redness, puriform discharge, etc. Well, I was called to see a divine. I found he had an aggravated form of this gleet. I frankly told him what it was. Judge of my astonishment when he said, 'I must have gotten it from stiting on a privy-seat.'" The class smiled incredulously. But when the lecturer dryly remarked, "the preacher seemed to be posted on that subject," the suppressed laugh found vent, accompanied with the rattling of the benches, which continued for some time. There was one student who did not laugh, and the professor caught his eye, for the young man was seated near-by. I believe it had its effect, for a shadow of worry passed over his face.

Now preachers are of like passions as other men, and many of them, to use a homely adage, 'are no better than they should be.' But whatever tends to wound religion and morality before a body of young men, though said in jest merely to get up a bit of fun, tends with equal pace to injure that religion of humanity which I hold the medical profession to be. Indeed a very distinguished French writer declares: "If it be possible to perfect mankind the means of doing so will be found in the medical sciences." Hence whatever comes from the "chairs" of instruction should ever aim to lift up the student and the youthful physician to the higher plane of practical moral humanity. This the ancients ever tried to do even with such glimmer of moral light as their generations gave.

Though modern scientific research

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has placed in the hands of the profession many instruments to relieve physical pain, yet neither the past nor the present can ever say otherwise to the physician than was said by prophet and seer of old, and by him that spake as never man spake. The blind receive their sight, the lame walk, the deaf hear, the fever is driven out, the brokenhearted are bound up, the ills to which flesh is heir are relieved. This speaks the mission of medicine to suffering humanity—a mission no more physical than moral. The noble aim of the labor and the skill of the profession in the progressive state of modern society is today the same as it was in the day of Hippocrates, the "father of medicine," and Galen, and William Harvey; namely, to make Nature herself the best interpreter of her own secrets, and to guide it along unto a healthy state, both morally and physically.

No society can live in the moral and physical beauty of health unless the eternal foundation of virtue and religion be the basic structure. The medical profession stands in this almost divine. Indeed it is the high-priest of humanity, and is the vice-gerent of Christ in healing the ills to which humanity is heir. Medicine embraces the civil, the religious and the political body of mankind. Its studies teach this. It opens the pages of psychology, philosophy, natural history and physics. It dives into the organic and the inorganic kingdoms. It will not live in darkness. It loves freedom and science, because freedom and science have had a coeval destiny; have suffered together and grown together. Both break from prescription and throw themselves upon Nature, and the watchword of both is progress, which in not rejecting the past, but in subordinating and outgrowing it, in assimilating and reorganizing its truth, and leaving behind it obsolete forms. This does medicine. Ever has the cry been, 'out of the darkness and into the light,' until now as an angel of mercy with healing in her wings she illumines the world with the laws of sound physiology. This is her foundation—religion and morality.

The young man who selects medicine as his profession should look well to these two, because to him will be committed the secrets of human nature. I was once warned, "Do not employ so and so. He's a pretty good doctor. But everybody he meets on the road who will ask him, How is Mr. or Mrs. Blank, he will stand and tell everything he knows. Do not employ him." Learn to have the silent tongue. Virtue and religion will make a good man, but it takes a little more to make a good physician. It takes knowledge, and further, a practical, a common every-day sense. Professor Edward Forbes writes: "It is the nature of the human mind to desire and seek a law." The rule or law which medical ethics writes down for the physician is to so deport himself that the forum of his conscience will never accuse him of having willingly transgressed the traditional standard of that honor of which every medical gentleman is the custodian. Ethics, therefore, is nothing less than that part of medical philosophy, morally speaking, which renders it a practical science, directing human acts to all good. "*Scientia practica actus humanos ad bonum dirigens*" This is the general moral rule which thoroughly scrutinizes the profession. It is the eye of society watching the demeanor of the physician. In this age of empiricism, levity and effrontery but too often govern at the expense of reason and decorum. The mind is led by the folly of our nature into many and serious errors, now envious, now sceptical, now jealous, until it becomes to an extent the eternal Pan that changeth ever, never continuing in one stay, always escaping into new forms. Jealousy perhaps controls and blunts our senses, even in the very act of doing good. This consuming self-passion changes joy into veiled grief; changes all things like the catalysis of chemistry, itself remaining unchanged. It becomes the "sad catalysis and declension of piety." This truly is the flame from which no honor springs because it is fed by the consumption of that candor, that courtesy and that fraternity which ought ever characterize the bearing of

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the members of the profession. It saps all affection. It chills every warm desire of friendship. It destroys the decency of intention. It is the hand-maid of misrepresentation. Mischief sits with it, and crones over the faults of another. Fraternal probity is wounded. The meaning look, the significant nod, the artful innuendo, complete the dark background. Honor is no longer honor. The noblest work of God—man—and the noblest man, the physician, becomes the knave.

"A physician," declares Hippocrates, "who is ready to blame others, must render himself contemptible—it is the common practice of quacks." This condemnation coming from the divine man of Cos is written for our learning, just as much so as if handed down from the Prophet of Nazareth. The odious patronymic quack, you see, is not at all modern. Mean as the title is, it is just as mean as its age, for the older it becomes the uglier it grows. Such the profession justly outlaws. All look up to the doctor. How many lives and how many secrets he carries. This esteem is improved by the frank manner, the freedom from prejudice of creed, birth, education. The bright, open face is a prize. Seek to win it. It is a gleam of sunshine. "He called my husband a *case*, I don't want him any more!" Such was declared one morning by the lamented Nathan R. Smith, our "emperor" of surgery. He was warning young men from saying anything that the unprofessional might in their ignorance wrongly construct. This poor woman did not want him to call her husband a "case." Still deception should never be employed with anyone in the house of affliction. Assiduities of an ignoble kind should be avoided. Friendly visits for sinister motives will in the end confer odium on the man and his deed. Society has as many eyes as the fabled Argus. All are not asleep. He who will use cunningness in one instance and to one class of people, will not hesitate to use it at all times and in all places and to all classes. The profession may receive a sting, and the agent will not be forgotten. The imposter will sooner or later be seen unmasked. In the old days of the physicians of Rome, there used to be a saying for every such individual. "Beware of yonder dog." The medical hypocrite is necessarily the antithesis of the medical gentleman. An incompatibility exists. They will not mix. Medical ethics disavow proceedings so dishonorable. Those who employ dishonest methods to gain practice think that the Hippocratic oath is purely nonsense.

"With purity and with holiness I will practice my art— into whatsoever houses I enter I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; whatever I observe in connection with my professional practice I will not divulge; all such should be kept secret." This is very much like the Christian Code. But to a few perhaps it may be simply stuff! Nowhere more than in the consulting room is the physician open to criticism. Here he impresses his brother for good or for evil. "The consulting physician," wrote a doctor several years ago, "should carefully refrain from any of those attentions or assiduities which are too often practiced by the dishonest for the base purpose of ingratiating themselves into the favor of families or individuals. One may tolerate, in quest of practice the ordinary ruses to which those who do not respect themselves or their profession ingeniously resort; the fictitious devotion to study; the wily calls at large residences, with the old apology of having mistaken the house; the purchase of the unnecessary horse and vehicle standing conspicuously and long at hotel entrances, and before the doors of those whose patronage suggests success; the inevitable summons by the sexton or doorkeeper; the startling number on the prescription paper; an indomitable system of social visiting, in which time is industriously expended in speculative petting of children or in a lucrative flattery of their parents; that absurd air of affection, patronage and protection in the sick-room, which, as remunerative deportment, would have made a Turvey-drop green with envy; a hypocritical affabil-

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ity, didactic pretension and dogmatic grandiloquence with the uninitiated, which in the character of Pecksniff, Mr. Dickens has made so familiar and so disgusting. These methods, to secure subsistence, are familiarly ludicrous and justly contemptible.

The sycophantic empiric may smile, and with Mr. Burchell in the Vicar of Wakefield say, "Fudge." Though he be joined by the whole army of empiricism in the chorus of Fudge! yet the teaching of our venerable mother, our Alma Mater, has ever been to beware of this as false and treacherous. Quacks must live, to be sure, and as the lines of a caricaturist describes them:

Void of all honor, avaricious, rash,
The daring tribe compound their boasted trash.
Tincture or syrup, lotion, drop or pill:
All tempt the sick to trust the lying bill.
The first victim cries:
"I feel it not."
"Then take it every hour."
"It makes me worse."
"Why then it shows its power."
"I fear to die."
"Let not your spirit sink—
"You're always safe while you believe and drink."

We are taught to unsparingly expose quackery in every form, and guard the public against the dangers of ignorant and mercenary charlatans. Now while our noble profession is uncircumscribed, and professes no exclusive dogma, it is nevertheless exceedingly jealous of everything which may be brought before it from the great fields of research in anatomy, physiology, hygiene, surgery, pathology, materia medica and chemistry. It can never tolerate nostrums *per se*. Every graduate of this dear old school of medicine is taught that first of all, to move in society as its conserver, —he is a gentleman. If he is not this in all that bears on the honor of his profession it discards him. From the chair of ethics and medico-legal jurisprudence —a chair to my mind which should be in all medical schools—the student will be taught to go forth as an honorable member and guardian of human society. The sick, rich and poor, are put into his keeping. Physicians are servants. They more than other of the genus *homo* are of the mould of the Saviour. They go out "to minister, not to be ministered unto."

A wise man, John Stuart Mill, wrote long ago that, the importance of understanding the true conditions of health and disease—of knowing how to acquire and preserve that healthy habit of body which the most tedious and costly medical treatment so often fails to restore when once lost, should secure a place in general education for the principal maxims of hygiene and some of those even of practical medicine. For those who aim at high intellectual cultivation, the study of physiology has still greater recommendations, and is, in the present state of advancement of the higher studies, a real necessity. This maxim has ever been held out also to the graduate of this school, and thus he will find himself equipped to obey all the demands of advanced society.

Another thing that comes up for the physician's practical outlook and forbearance is the collecting of fees. Ethics have as much to do with this as with any other principle in the conduct of the doctor. The cold refrain often meets him:—"I have my rent to pay;" or, "I haven't time now; call again;" or, "Your bill is too large," "You made more visits than necessary." Here is where great patience and ready charity is required. The poor we have always, I think may be put down as a medical belonging. Still the doctor has his turn of blessings. For if it be said at times, "I hate to pay that fellow's bill;" "These doctors are troublesome fellows. They come, and look wise, feel our pulse, look at our tongue, and away they go, leaving their dark shadows behind them."

But do they not hear the sweet refrain often:—"O dear, dear, I'm dying;" "Run for the doctor, the dear, dear doctor! what won't I do for him when I get well; God bless him."

Well, this is the versatility of human nature—the poor, sad, sad wail of humanity! We must respect it. Though

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the old saw shows itself that, "when the devil was sick the devil the monk would be; when the devil was well the devil a monk was he." It is a moral wrong if the physician does not collect his fee guided by just discrimination, unless where absolute poverty calls for charity. To make the medical profession, as this University holds, honorable and respected both for its learning and its works, is the great care of all her graduates. When we reflect and see what science, what research has done, the last thirty years, I am quite safe in saying it, that our professors have kept abreast of the age, and that no claimant for the higher studies of medicine can plant the banner "Excelsior," higher. All things useful have been kept while the age has been outstepping that of the "Fathers of medicine," day by day, yet the "Fathers of medicine," of every age are still held to memory dear. The anterior splint of the Old School of Medicine of the University of Maryland has left a blessing behind wherever used, and it has been used the world over.

Medicine grasps everything, and honors the names of those who labor far down in the workshop of suffering humanity. Shaped like divinity, the servants should be as nearly divine as possible. Therefore above all things the diploma from our Alma Mater, sweet mother, Heaven bless her, should not only have written on vellum but on our hearts the "*Filius sim dignus ista parente.*"

In conclusion let me say with B. Merrill Hopkinson, M. D., Class of 1885, of the dear old school to which we come back after many years, as children to the common mother of our united love,

"Heaven bless thee! and grant thee a great destiny,
May thy sons still ennoble thy name,
'Filius sim dignus ista parente,
Be emblazed in letters of flame,
Ever onward we press in the combat of life,
In the strength of thy precepts and love,
We will struggle for honor, do battle for right,
'Till we touch on Eternity's shore."

CERTAIN SANITARY NEEDS OF OUR CITY AND ITS PUBLIC SCHOOLS.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AT ITS NINETY-SEVENTH ANNUAL SESSION, APRIL 23-27, 1895.

By Edward Morton Schaeffer, M. D.,
Baltimore.

LEAVING for other and abler advocates some important needs which are presented in the last report of our energetic Health Department, viz., the erection of a hospital for infectious diseases, systems for the disposal of garbage, sewage, etc., I note, in passing, under food inspection, the chemist's report of his visit to 97 cow stables within the city limits, sheltering 1126 cows that furnished 827,450 gallons of milk last year. The majority of these stables are said to be in an utterly insanitary condition, as to ventilation, cleanliness, and bodily comforts provided. "Many of the cows never leave the stable, day or night, from the time they enter till they are sold to the butcher. Some of the animals are milked three times a day and owing to the small space allowed, the object being in some cases to retain the animal heat and force the production of milk," I am told that it is necessary to dash cold water over the poor beasts to prevent spontaneous combustion. The presence of these stables in the very heart of the city is not only a public nuisance, but their product is shown to be decidedly unhealthy and its sale should be suppressed as recommended. Better still, an ordinance should be enacted making it illegal to keep cows within the old city limits for this purpose. The details of some of these pathological industries, as related to me, are positively disgusting.

Too much praise cannot be given to those who have vigorously pushed the

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milk inspection law, and lessened the amount of municipal infanticide that called for its enactment. Says a writer: "Hygiene and sanitation are only at this comparatively late day giving their attention to child life. The first manifestation of the presence of bacilli—the early germ—like the early worm, receives prompt attention at the hands of the profession, but the early bird—the child life of the race—has been left to shift for itself. But the last is very apt to become the first."

When we erect a monument to the discoverers of the little organisms which have opened up such possibilities for preventive medicine, although they have created a salutary disease to be known as a microbiphobia, the most impressive inscription would be "They taught us the Hygienic Value of Cleanliness."

Dr. Simon Baruch, who has done so much in New York to popularize the use of water as a sanitary agent, gives in a recent paper the following interesting account of the Riverside Baths:

"The chief aim of the Riverside Association is to help workingmen and their families to help themselves. Modern hygiene has demonstrated most clearly that the essential principle of all sanitation is cleanliness. Clean food, *i. e.*, food free from germs of disease (such as meat free from tuberculosis germs, milk and water free from typhoid germs), clean clothing, and above all a clean skin, prevent more diseases than all the quarantine stations in the world. To teach the poor and lowly these lessons is one of the objects of the Riverside Association, and as in other branches of our work, we aim to offer the people practical means for enforcing this teaching.

"The establishment of public baths, in which the workingman and his family may obtain a thorough cleansing of the body, has been a salient feature of this Association. Sanitarians are strongly urging the establishment of public baths on the simple ground of prevention of filth diseases. It will not do to await the slow growth of public sentiment. We must lead. Pursuant to this platform, the Association built a number of small baths on the principle of the rain bath, recently introduced into this country. They have been such a comfort and benefit to this neighborhood that now a larger bath has been constructed, which offers facilities for about 350 bathers a day.

PUBLIC BATHS—WHY NEEDED.

"Are such baths needed? it may be asked. Those who are familiar with the bathing facilities of the tenement population can testify how imperatively they are needed. The wealthy have one or more bath tubs, and they may resort to public baths, where the price is prohibitory even for the middle classes. The poorer classes, the laborers, who crowd the tenement houses of the dense east and west side of the city, have absolutely no means of washing their bodies, on which are accumulated not only their own impure emanations, but also the dirt and dust incident to their occupations. Their tenements consist of two or three dark bedrooms and one or two lighted rooms, in which the cooking and washing are done. Decency prevents these people from necessary ablutions of the entire body in each other's presence, and their water supply is scant.

"Cold water is not effective for thorough cleansing—fuel to heat a supply is too costly. Hence every obstacle stands in the way of obtaining that which would preserve the health more than all other means. Even the servants in most of the better class of houses have no decent bathing facilities. Thus the very people with whom we associate most intimately in our households, they who prepare our food, care for our children, attend to our personal wants—those domestics are, as a rule, not provided with such facilities as would encourage the practice of bathing.

"Moreover it is a well recognized fact that the filthy condition of our poor people is frequently responsible for the spread of disease among those better situated, with whom they come in contact in pursuit of their calling.

"By offering these dwellers in tenement districts this opportunity of cleaning themselves, we protect our own fam-

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ilies. Even from this mercenary standpoint this enterprise of the Riverside Association would seem a laudable one, and the dwellers in this portion of the city would do well in sustaining by contributions an institution which proposes to stand as a protecting Aegis over their homes and families. Physically and morally, the influence of cleanliness is elevating and its diffusion among the masses must inure to the common good. The dictates of a sympathetic humanity, the demands of public safety, the claims of private interests, all combine to commend this institution to the best endeavors of the community.

RAIN BATHS.

"The practical workings of baths in which large numbers seek cleansing and health have been recently investigated. It had long ago been discovered that a pool, artificially supplied with warm water, was impracticable for the public bath.

"In this practical age, open bathing-places, except in flowing rivers, have been discarded, and the problem of the best public bath has long awaited solution, because the tub baths of our households proved inadequate. Owing to the time occupied in filling, emptying and cleaning the tubs and the danger of communicating disease, sanitarians have been greatly hampered in their efforts to provide extensive bathing facilities. The discovery of the rain bath has solved the problem. Instead of immersing the bather in warm water, which soon becomes soiled, he stands under a strong shower of warm water and carries on his ablution aided by the stream descending upon him. The soiled water flows away at once. There is no need of cleaning such a bath each time it is used, because it cleans itself automatically. The supply of warm water is always ready in the boilers for the next bather. Thus three persons may successively bathe every hour in the same compartment.

"The Riverside Association has just built a neat and most economical bath of this description. It consists of thirteen compartments, built of corrugated iron below and wire netting for light and ventilation above. These are covered with white enamel paint, presenting an inviting, cleanly and fresh appearance. The front of each compartment is adapted for a dressing room, the back portion for a bath room. In twenty minutes a warm bath may be taken, soap and towel being furnished, the cost being only five cents. Such a bath is at the command of any workingman whom inclination to be clean may induce to seek one.

"That this inclination is very strong among the tenement population is evident from the fact that the People's Baths in Center Market Place, which was the first public rain bath in this country, bathed over 80,000 people last year, the charge being five cents.

TURKISH BATH FOR 25 CENTS.

"An important feature of the public bath is an improved Turkish bath. Up to the present time this kind of bath has been accessible only to people of means, who have used it as a luxury. The Riverside Association has been led, by the experience of its officers, to believe that the Turkish bath is a necessity to men who are begrimed in the pursuit of their avocations. An ordinary warm bath scarcely suffices to cleanse a fireman, engineer, or machinist, who has spent the whole week amid soot and oil and smoke. A good perspiration bath, following the rain bath, starts the secretions and throws out impurities which have been driven deeply into the skin. For the small sum of twenty-five cents this comforting and useful bath may now be obtained, a boon never before offered to the workingman. It will be seen that the Riverside Association has carefully studied the needs of the laboring people, and it aims to meet them in the most practical way."

Baltimore, with its magnificent water supply, should need no urging to at once inaugurate a similar system of public baths, centrally or conveniently located to its crowded districts. The $500 already spent for open bath facilities has done some good and was followed by a bill to appropriate $8000 for

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the purpose I am now advocating, but it has not been since heard from.

Its author would no doubt be much encouraged and public interest aroused to action and the health department vastly aided in its good work of the prevention of filth diseases and infant mortality, by a strong expression of endorsement as to its necessity from this ancient and honorable Faculty.

The writer was told at the City Hall some years ago that the medical profession have an educational duty and privilege in these regards and it is in accord with such suggestion that the matter is again presented to your attention in hope of definite action.

A superstructure of virtue cannot be permanently erected upon a base of dirt, and cleanliness is a prime condition of good morals, good health, and good citizenship.

The educational aspect of these questions naturally leads me to speak next of the mal-hygiene of our public schools, of which I know something from personal observation, thanks to the courtesy of Superintendent Wise. A casual visitor to many of the school buildings of our city might well imagine that the architects and building committees of the same had planned for the accommodation of sardines rather than for the physical and mental needs of growing youth in their most tender and plastic stage. I have never seen more unwise economy of space and have been reliably assured that it has happened not infrequently that seats could not be found for some of the scholars on the very day new buildings were opened. Of course, there are notable exceptions and some very modern and commodious buildings, but the policy has been to cramp the desk space, leaving such narrow aisles that the introduction of physical exercises will present peculiar and difficult problems, especially as there are no suitable assembly rooms or wide halls for drills, and often insufficient playgrounds attached. In the purchase of lots the policy has been very unfortunate and conspicuously shortsighted in the past.

The same thing is true of many other larger cities. As to heat, light, ventilation, posture, proportion of desk, exercise, etc., the conditions are generally bad and tend to produce eyestrain, headache, spinal curvatures and physical degeneration generally. The trouble is with the buildings and their equipment, not with the teachers. Dr. Kate Hurd made a report on these conditions several years ago, which has been republished in the April issue of THE POPULAR HEALTH MAGAZINE. My own observations are in accord with hers. There is a decided need of a suitable system of health exercises of physical training to antidote the effects of cramped and confined postures and of unhygienic conditions which warp and hamper the development of a sound physique. In several of the specially favored buildings, I found quite a number of tall girls occupying primary grade seats, desks only 28 inches from the floor, allotted to girls 5 feet 8 inches in height. In one room 14 girls, 5 feet 6 inches tall, were cramped in similar quarters. A large number of the children seemed to be flat chested and there was generally observed much lounging at the desks and a want of good chest carriage and erect attitude when asked to stand for inspection. Desks should be adjustable to the height of the pupils and each room should contain several rows of larger sized desks to accommodate the disproportion between mind and body, which frequently exists. In one of the colored schools visited, the sight of a room full of children sitting three abreast, in seats provided for two, and the fact that this had been the case for two years past, needs no comment and has at last been met by an appropriation for a new building.

The proposition to introduce the manual of arms as a measure of physical training may be dismissed with the statement that it is wholly inadequate and inappropriate and is so recognized by the United States Government in its instruction at West Point and by the gymnasiums in use at garrisons on the frontier.

This field is a proper one for medical supervision and it would be well if physicians were especially trained in this department of public hygiene, to whom

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all the sanitary interests of public school life could be entrusted. The ordinary physician is by no means so qualified in obtaining his degree. The prescription of exercise even is a matter of expert knowledge and with it should go a thorough knowledge of regimen, of temperament, of heredity and of all that tends to make or mar healthy life. It would be a good thing for the community if every child on entering school life were requested to bring a certificate from the family physician setting forth the weak points in the child's constitution. This is what is virtually accomplished in all our leading colleges which have a medical physical director. It ought to be introduced where the education is begun. I read recently that fifty physicians had been appointed in Boston to visit the schools and examine the pupils. Many ambitious young specialists would no doubt volunteer their services here, as has been done elsewhere, in furtherance of the good work. As a practical suggestion, if a school of pedagogy is to be established, let there be a chair of public school hygiene, from which instruction can be given in all such matters as I have outlined, and a great deal can be promptly done through the teachers to in some measure remedy the effects of overcrowding, defective ventilation, insufficient light, and inadequate seating capacity by which spinal deformities are engendered. The introduction of cooking into the public schools has such a bearing on nutrition and domestic hygiene that every physician must approve of recent measures in its behalf. I am reminded in this connection of an anecdote related by Prof. Stanley Hall: "A distinguished doctor said a little while ago that if it was his duty to pick out the wife of the future king of England, he would first ask what she ate, what her habitual diet was, whether wholesome or fantastic, of the sweetmeat order, that laid great stress upon desserts; second, he would ask whether she slept well at night, and he would be very glad if she took a wholesome amount of physical exercise; but if all these were secured, he would thank God for all other extras."

In conclusion, I would recommend to those who have undertaken the establishment of children's playgrounds the extending of their excellent work to open air gymnasiums along the water front, modelled after those very popular and successful ones in connection with the park system of Boston. A report of the latter says: "In large cities where space is a consideration, there is probably more health and happiness to the square inch in an open air gymnasium than in any system of parks and gardens. We wished to prove that large numbers of women and children would grow healthier and happier if, right in the heart of the city where they lived, there was a beautiful green place which it would not cost even five cents to reach, where they could spend each summer day." The Park Commissioners say "the success of this enterprise has not only been pleasing, but in a high degree instructive. We believe that the remarkable demonstration of the usefulness of this public service will lead to the same sort of work being undertaken very widely, especially in our poorer districts."

PIGMENTATION IN AMENORRHEA.—Lawrence (*Medical and Surgical Reporter*) reports the case of a girl suffering from amenorrhea with pigmentation. This became so marked as to suggest Addison's disease. She was treated with wine of iron, 1 drachm, and Fowler's solution of arsenic twice daily, burgundy in moderation, careful diet, the addition of milk, and her life regulated in accordance with general hygienic principles. This resulted in complete cure after many months.

* * *

EFFERVESCENT QUININE MIXTURE.—Quinine and citric acid dissolved in simple elixir and syrup of orange taken with bicarbonate of soda forms a palatable effervescent mixture.

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SOCIETY REPORTS.

AMERICAN ACADEMY OF MEDICINE.

TWENTIETH ANNUAL MEETING HELD AT BALTIMORE, MAY 4 AND 6, 1895.

Conclusion of Dr. Gould's remarks:—Hospitals should be endowed only for the emergency cases and the absolutely deserving poor. Let us also show that there are other methods of bestowing one's goods for the good of humanity than by endowing hospitals, for the time will come when Dives will see the falsity of the present position and, being unable to discriminate, will cease giving for worthy as well as unworthy objects.

As to the public, let every one be a teacher. Tell them, as it is true, that they cannot get as good medical advice at the dispensary as at the private office.

As to the profession; if on a hospital staff, train yourself to detect the effort to conceal the ability to pay something. Every patient caught shamming ought to be one-half insulted and wholly turned out.

But the hospital abuse will continue until professional sentiment is aroused. Trustees, professional philanthropists and the public will gladly continue to eat the oyster and leave the shells to our asinine rivalries. A united profession on a high plane of professional living would greatly aid to cure the evil.

The two immediate and demanded conditions for reform are:

1. That medical men should have a large share in the government of hospitals, thus making them responsible for the abuses and rendering it possible to stop the old monkey-trick of getting chestnuts by our stupid professional paws thrust in the fire.

2. The principal of the charity organization society must be made a part of all hospital management.

Other papers were by Dr. Bayard Holmes of Chicago on The Economical Aspects of the Hospital.

Drifting—Who, How, Whither, by Dr. Leartus Connor of Detroit, and on the Economics of the Social Evil, by Dr. Woods Hutchinson of Des Moines, Iowa.

Dr. DeLancey Rochester of Buffalo, N. Y., read a paper entitled The Proper Teaching of Physiology in the Public Schools as a Means of Preventing Intemperance and Venereal Disease. Physsiology should be studied in the first high school year and have a daily period for at least a year. The instructor should be thoroughly qualified; consequently a physician. As physiology is ordinarily taught in the schools, no reference is made to sex; this makes but a half-truth taught and is wrong. The great mission in life, to have our successors still better equipped than ourselves, should first be emphasized. Then should follow a general description of the body. The process of digestion should receive full attention, where from the necessity of the rest of the glands, the evils of tobacco and gum chewing can be shown. The study of the circulatory apparatus follows and that of respiration and excretion. Proper breathing and the use of water, both in the body and on the body, is studied at this point. Then follows the study of the nervous system and the organs of special sense. Certain hours are to be given to the study of foods and the evil effects of the commonly employed stimulants pointed out.

Dr. J. McFadden Gaston of Atlanta, Georgia, delivered the President's Address on Preparatory Medical Education. The Academy had done much to raise the standard of medical education. The time spent in obtaining the degree of A. B. is not time wasted. A preliminary training in the rudimentary branches is necessary. The preceptor should be a teacher in fact as well as in name. A proper study of therapeutics would do away with the experimenting with drug samples. The treatment should be based on a proper knowledge of the fundamental branches of medicine. In surgery judgment with a thorough knowledge of anatomy is important. There is too much haste in the general education and in making specialists.

Dr. Edwin Wilson of Columbus, O., then read a paper entitled Is the Recitation Method of Teaching a Success in Medical Colleges? When medical

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schools were few and the teachers were the master minds of the times, the lecture method was superior; now when the number of medical schools has so greatly increased and when all kinds and conditions of men aspire to the chairs, the old conditions do not apply and the question arises whether it is best to adhere to the old methods. Since a text-book can be selected giving the teaching of the best medical minds of the times, is it not better to employ this? Anyone who has heard the lectures given in some of the smaller schools will appreciate the force of the argument. The following are the advantages pertaining to the recitation method as the result of two years' experience in its use. 1. The students do more and better work. 2. By using recent text-books, the students receive the latest and best teaching of the master-minds of the profession. 3. There is no break in the method of study in the change from the college to the medical school. 4. A better preliminary education will be required. 5. It will in time cause the medical course to be regarded as a post-graduate course. 6. It enables the student to ask questions and thus have obscure points made clear.

Dr. Perry H. Millard of St. Paul, Minn., made A Plea for Efficient Medical Legislation. The question of higher medical education in this country will not be settled until we have in substantially every State efficient medical legislation regulating medical practice. A majority of the colleges now existing are maintained to serve the personal interests of the respective members of the Faculty, instead of existing to meet the needs of the public. A review of the history of medical legislation with a statement of the essentials of efficient legislation as follows: 1. Rigid provisions governing preliminary entrance examination. 2. The determination of the applicant's fitness to practice by examination on all branches of medicine. 3. The right to refuse or revoke licenses for unprofessional or dishonorable conduct. 4. An adequate penalty for violating provisions of the act. 5. The appointing power to be invested in the chief executive of the State, with by preference a single board with proportionate representation from different schools of practice.

Dr. Reuben Peterson of Grand Rapids read a paper on the Need of More Medical Reference Libraries and the Way in which they can be Established.

Dr. J. W. Grosvenor of Buffalo, read a paper entitled What shall We do with Our Alcoholic Inebriate? in which he advocates the arrest of all drunkards on the streets to be kept in a proper inebriate asylum as the insane.

Other papers were presented which were read by title.

Resolutions were adopted memorializing Congress to enact legislation to place the surgeons of the Navy on the same footing as those of the Army. All the States are urged to adopt medical examination boards in another resolution. A committee will be appointed to codify the present laws and formulate one general act for uniformity throughout the country. Uniform enforcement of the four-years' graded course is urged in medical colleges. A reform of the dispensary abuse is suggested in a resolution providing for the adoption by governing bodies of the charities of a fee for medicines, supervision of the patients to exclude those able to pay, and requiring patients to sign a certificate of indigency, together with a certificate as to their need of charity from a reputable citizen.

Officers of the Academy were elected as follows: President, Dr. Henry M. Hurd, Baltimore; Vice-President, Drs. Woods Hutchinson of Des Moines, Iowa; John B. Roberts of Philadelphia; Emma B. Culbertson of Boston; W. F. Southard of San Francisco; Secretary and Treasurer, Dr. Charles McIntire of Easton, Pa.; Assistant Secretary, Dr. Edgar Moore Green of Easton, Pa.

GALLANOL IN PSORIASIS.—Gallanol is highly recommended by Joseph (*American Medico-Surgical Bulletin*) for psoriasis, especially in mild cases of the face and scalp. It may be used with guttapercha solution or as an ointment of a ten per cent. strength.

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AMERICAN MEDICAL ASSOCIATION.

FORTY-SIXTH ANNUAL MEETING, HELD IN BALTIMORE, MAY 7-10, 1895.

GENERAL MEETING.

SECOND DAY, WEDNESDAY, MAY 8.

The meeting was called to order and then after announcements made by Dr. William Osler, Dr. A. L. Gihon, United States Marine Service, made an eloquent appeal for subscriptions to the Rush Monument Fund as a result of which over $2000 was subscribed.

Dr. William E. Quine of Chicago then delivered the Address on Medicine, the subject of which was the Malarial Disorders of Large Cities, with Especial Reference to Chicago, in which he stated, which was known, that the conditions existing in most cities was inimical to the production of malaria and few cases originated in paved cities. When a suspected case is seen a cause is looked for and if a fresh upheaval of earth as in building, or a visit to the country can be found in the history, this is put down as the cause of the outbreak. Many cases are irregular and many are unrecognized and pass under other names. The diagnosis may be made with certainty by the aid of the microscope. The fact that it is a water-borne disease should not be forgotten. It is hardly to be supposed that the disease can occur in midwinter in any other way than through the medium of the water. Therefore we should not forget that the disease may be conveyed in other ways than by the air and should remember that however a disease may arise, its prevention is a much higher aim than its cure.

THIRD DAY, THURSDAY, MAY 9.

Among the various reports read was one that no advertisements of preparations would be received in the columns of the *Journal* without a formula containing the names and quantity of each composing ingredient, to form a part of the advertisement.

Dr. C. A. Wheaton of St. Paul then delivered the Address on Surgery, in which he reviewed the history of surgery and said that the modern surgeon did not leave enough to nature. He advocated conservatism and referred to the latest fad, the operation for enlarged prostate, and in orthopedic surgery he feared that the use of the instrument was giving way to the knife to too great an extent.

FOURTH DAY, FRIDAY, MAY 10.

Dr. H. D. Holton of Vermont then delivered the Address on State Medicine, in which he spoke of some of the problems the State must deal with to protect its citizens from disease. Among the points emphasized by Dr. Holton was the importance of State boards of health. He insisted that they should be given ample power and latitude in carrying out what they considered for the best interests of the people. He endorsed heartily the action being taken by the Association to secure a national department of public health, suggesting that an advisory board, consisting of one member from each State and one each from the Army, Navy and Marine Hospital, to be called together at special times by the secretary of the department as threatening dangers require. He also advised a uniform and national system of quarantine, and that the quarantine laws should be more stringently enforced and carried out. "Educate the press, and through them the people," said Dr. Holton, "to the necessity for the foregoing sanitary medical reforms. Great amounts of money are spent by the Government in armaments, ironclads and other military works, to keep out foreign invaders; but it would be a good thing if more were spent on keeping out invading diseases. Congress should be made to recognize the importance of sanitary legislation." Among other things touched upon in his address, Dr. Holton spoke of the great progress made in the knowledge of how to prevent disease by the use of various drugs, beginning with the discovery of vaccination by Dr. Jenner, in 1796, up to the unfolding of vast possibilities through the use of antitoxine, in 1895. He said that there would doubtless be discovered within a short time, at the pace at which

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medical science is now advancing, many other disease-preventive and curative serums. In conclusion, he spoke of the great necessity of government inspection and control with regard to cattle diseases, milk and other foods, and proper examinations of patent medicines.

The following officers were then elected for the ensuing year:

President, Dr. R. Beverly Cole of San Francisco, Cal.; First Vice-President, Dr. J. J. Chisolm of Baltimore; Second Vice-President, Dr. John C. Legrand of Alabama; Third Vice-President, Dr. Augustus B. Clark of Massachusetts; Fourth Vice-President, Dr. T. P. Satterwhite of Kentucky; Treasurer, Dr. Henry P. Newman of Illinois; Secretary, Dr. W. B. Atkinson, Pennsylvania; Librarian, Dr. G. E. Wise of Illinois.

Those selected to deliver the annual addresses at the next meeting are: Address on Surgery, Dr. Nicholas Senn of Illinois; Address on General Medicine, Dr. William Osler of Baltimore; Address on State Medicine, Dr. George H. Rohé of Catonsville, Md.

SECTION ON MEDICINE.

FIRST DAY, TUESDAY, MAY 7.

Dr. E. W. Kellogg of Milwaukee delivered the Chairman's Address on the progress of medicine and referred to the many changes and advances since the first meeting in Baltimore. Antisepsis and bacteriology had both been born since that time. The serum therapy is now undergoing the test of experience, and much is expected of it in the treatment of diphtheria and kindred diseases. The public should learn to appreciate the danger of the contagion of tuberculosis.

Dr. John H. Hollister of Chicago then read a paper on a New Departure in Therapeutics, in which he said that medical science formerly conducted a defensive warfare against disease and now it was aggressive. The microscope and the laboratory had been of great help to us. Organo-therapy and sero-therapy have now made a change in our mode of treatment. The use of bone marrow, thyroid and spleen extract had been shown to be of some use. The mortality from diphtheria has certainly been lowered by the antitoxine treatment of that disease. Many things are still not understood.

Dr. William E. Quine of Chicago had used bone marrow with success and also diphtheria antitoxine, but the latter is still in the stage of probation. This paper was also discussed by Drs. Summers of New York and F. B. Turck of Chicago.

Dr. W. B. Stewart of Atlantic City then read a paper on Calomel, showing his experience with this drug in a large number of cases. The drug should be pure; it often is not. Large doses cause griping. When given with acids, chlorides or when digestion is going on there is danger of the bichloride formation. Small doses frequently repeated act better. It is best given with soda, which prevents the bichloride formation and aids absorption. He has never seen its diuretic effects. He recommended it in a variety of cases. In reply to Dr. E. Chatwell he did not believe the drug was germicidal but it stimulated the liver cells.

Dr. H. A. Hare of Philadelphia said that calomel was not converted into the bichloride in the system. There is likely very little contamination.

Dr. Elmer Lee of Chicago read a paper on the Treatment of Asiatic Cholera, in which he reviewed the various therapeutical means and spoke of the failure of the various inoculation methods. Water in abundance by the mouth and rectum was the best treatment. It may be used warm and should be injected by a long nozzled syringe like one he showed.

Dr. John H. Hollister of Chicago related his experience in the treatment of this disease in four epidemics. Injections of tannic acid solutions and the free use of a cinnamon infusion by the mouth had given him the best results.

SECTION ON SURGERY AND ANATOMY.

FIRST DAY, TUESDAY, MAY 7.

Dr. Joseph Ransohoff of Cincinnati then delivered the Chairman's Address on Stone in the Kidney and its Opera-

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tive Treatment. Stone in the kidney is not rare and yet it is often mistaken for other troubles. Crystals in the urine are not so important as blood corpuscles in the diagnosis. The following conclusions may be drawn:

1. An absolute diagnosis of stone cannot be made. 2. Nephro-lithotomies must be divided into those of necessity and those of choice. In anuria and previous hematuria delay is fatal. 3. Pyuria and microscopic hematuria, as destructive changes, are positive indications for operative expulsion. 4. The oblique incision is to be preferred for the ease with which it permits the expulsion of the entire kidney. 5. Acupuncture is not to be relied upon. 6. Incisions should be made when the circulation is controlled by digital compression. 7. Incisions into the pelvis after expulsion and after removing a stone are to be avoided. 8. Primary nephrectomy for stone should be reserved for extreme cases. 9. Primary union by suture, when possible, makes nephro-lithotomy a feasible operation. 10. Tight packing a kidney endangers the nerve-supply of the colon. 11. Nephrorrhaphy should form the closing act of every operation that has seriously disturbed the relations of the kidneys.

Dr. Howard A. Kelly of Baltimore then read a paper on Ureteral Catheterization, in which he explained his well known methods of cystoscopy and of catheterizing the ureters and renal pelvis.

Dr. W. K. Otis of New York read a paper on Aero-Cystoscopy, with the Exhibition of a New Instrument.

Dr. Ferdinand C. Valentine of New York read a paper on Modern Cystoscopy and Urethrescopy, in which he demonstrated instruments.

Dr. Homer Gage of Worcester, Mass., and Dr. W. E. B. Davis of Alabama each read a paper on Movable Kidney.

Dr. D. C. Hawley of Birmingham then read a paper on the Radical Cure of Hernia, in which he preferred the incision to the injection method.

Dr. De Forest Willard of Philadelphia read a paper on Excision, Erosion, and Amputation in Joint-disease.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

FIRST DAY, TUESDAY MAY 7.

Dr. Franklin H. Martin of Chicago delivered the Chairman's Address on Some Mooted Points in Abdominal Surgery, in which he spoke of the various methods used in the surgical treatment of fibroid growths. He had used galvanism in some cases but not as much now as formerly. In some patients it was used successfully and it is an antiseptic method. In many cases he would prefer the knife. In hysterectomy he always used drainage with a glass tube and a suction pump.

Dr. Joseph Eastman of Indianapolis read a paper on the Treatment of Bad Fibroids by Good Operators, in which he advocated a method of supravaginal hysterectomy.

Dr. Nicholas Senn of Chicago then read a paper on the Techinique of a New Method of Abdominal Hysterectomy, in which he proposed to remove the dangers of shock, hemorrhage, septic poisoning, etc. The principle was to operate as quickly as possible with safety to the patient and expose little of the organs. By his method he exposes the uterus very little. The uterus is brought into the wound and the peritoneum is incised across and the pieces stitched to the parietal peritoneum. The operation is then completed and in all his thirty-five cases he had good results.

Dr. C. C. Frederick of Buffalo read a paper entitled Vaginal Ligation of the Broad Ligaments for Fibroids, in which he preferred the simple operation of tying the vagina uterine arteries to hysterectomy. He described his method of cutting down on the arteries and tying them. This he called an extra-peritoneal and not an intra-pelvic operation.

Dr. A. H. Tuttle preferred the total extirpation as safer in case of hemorrhage.

Dr. H. A. Kelly of Baltimore has not often tied the uterine arteries for fibroids. He only took out fibroids when it was absolutely necessary. He describes his way of ligating the arteries and finding the uterine vessels.

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Dr. I. N. Stone of Washington, D. C., said he had a recurrence of the growth after the use of electricity.

Dr. Charles P. Noble of Philadelphia advocated removing every fibroid causing unpleasant symptoms. Fibroids may become cancerous. He had not had good results with Martin's operation and did not care for Senn's. Kelly's will save time.

Dr. J. M. Baldy would remove every fibroid. Ligation of the arteries, like castration, by Tait's method is only temporary. Collateral circulation will set in and the fibroid will grow again. He did not think much of Senn's operation and Kelly's was not good for a beginner.

SECTION ON DISEASES OF CHILDREN.

FIRST DAY, TUESDAY, MAY 7.

Dr. Wm. B. Noyes of New York read a paper on Typhoid Fever in Infancy and Childhood, in which he said: The subject of typhoid fever in infancy has been much discussed in the past, but has recently been brought forward anew. The older writers on the subject said that typhoid fever occurred in scores of children, but comparatively recently this has been strenuously denied. In the New York Foundling Asylum, the New York Infant Asylum and in the Children's Hospital of Philadelphia there has never been a case of typhoid fever in children under three years. In epidemics of typhoid fever in England, there have been quite a number of cases under five years of age, also in the American hospitals. On the continent the percentage of cases under five years seems to be larger. In the Berlin Hospital, of 625 cases, 98 were under 5 years, while between 1 and 2 years only 3 per cent. In the Pennsylvania Hospital, of 1071 cases, 220 were under 10 years of age. In the Providence Hospital, of 220 cases, 15 were under 5. Hence, Dr. Noyes concludes that in epidemics it undoubtedly does occur in a small number of cases under five years. And also occasionally when no epidemic exists. The morbid changes resembled those of typhoid in adults, except in Peyer's patches. For in infants there is swelling, hyperplasia and fatty degeneration of the follicles, but very rarely ulceration under five years of age. In those cases where ulceration did occur, the ulcers were very small and imperfect. From this fact it is argued that typhoid fever is essentially an infection of the lymphatic system, for if an animal be infected with the germs of that disease no bacilli will be found in Peyer's patches, while the enlarged mesenteric glands and lymphatics are loaded with them, the toxine which they produce causing the general symptoms. As regards the symptoms in a fever continuing over several days, not diminished by quinine, is highly suggestive of typhoid, especially if it increases day by day, with some approximation to the typhoid cause. Diarrhea is usually present, though in quite a number of cases constipation has existed throughout the entire course of the disease. The stools may be semi-fluid, approaching the pea soup consistency, though in many cases they appear nearly normal. The tongue becomes dry, hard and coated. The lenticular rose spots have been found by different examiners in from 66 per cent. to 78 per cent. The spleen is much enlarged. The cerebral symptoms often predominate to such a degree as to render the diagnosis difficult. It is often difficult to demonstrate any marked tympanitis. Epistaxis in infants is rare. The bacillus typhosus is not demonstrable in the stools until the eighteenth day and is often confounded with the bacillus coli communis, but it often may be detected before this in the abdominal lymphatic system and the study of the blood yields one important point. It excludes malaria. Relapses in infants are rare. Convalescence in infants is more rapid and less liable to complications than in adults. As a rule it is a milder disease in infancy than in later life and often tends towards the abortive form. There is in many cases stiffness of the muscles, twitchings, etc., even extending to pronounced opisthotonos, caused by cerebral congestion. In conclusion, Dr. Noyes said: Typhoid fever in infants is very rare in this country, outside of epidemics, though it is common abroad.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, MAY 18, 1895.

The Horse.

WHEN the small boy wrote that "the horse was a very useful animal and had four legs, one at each corner," he hardly foresaw how very important that animal would be to the physician. In prose and song the doctor's horse has received its fair share of recognition and description and the faithful animal has been praised for his unremitting duty at night as well as by day, taking the country physician many miles in one direction and back home again, to go as many in another.

The horse in the city has been the doctor's friend and has been looked on as a sign of prosperity and success, so much so that many a young physician reasoning *a priori* bought the horse first in order to woo success. The substitution of rapid transit for slow means of transportation in the large cities soon showed that ordinary driving was not only very wearing to the nerves of one who had to keep a sharp lookout for fast moving cars, but it was also not free from danger; again by a complete system of transfers it is possible to go from one part of a city to another at a much quicker rate of speed than the fastest horse could do it, and with perfect freedom from responsibility. Thus was it thought that the usefulness of that noble creature was at an end.

But the praises of this animal were sung too early and it is only recently that another use of the old gray mare has come into notice, or rather to our knowledge. The horse is a useful animal not only on account of his strength in helping the tired doctor about his daily work, but has lately come into use as a living test tube and culture medium combined; and here his strength again serves us, for the dose of the poison which is strong enough to destroy most animals of experimentation is not large enough to "kill a horse."

While the most recent aspect of the serum question has taken a turn against antitoxine, this is probably only temporary and the general belief of those who have given the subject any attention is that the mortality of diphtheria has been decreased and its morbidity period has been much shortened by the use of this serum. Comic papers have shown pictures of the horse with a spigot in his side from which the dealer is drawing the "heilserum" into pitchers and cans for his customers, the animal looking on indifferently all the while.

The first wave of enthusiasm of any discovery is apt to take most persons by surprise and carry them farther than they expected; but now that the matter is viewed with a calm deliberation and the excitement has worn off, some of the dangers of this remedy are appearing. At this very time scoffers and unsuccessful men have a fine opportunity to repudiate the whole remedy and say that it never was worth anything. There is no doubt that it has been of inestimable benefit and it is still used with various modifications and in a more careful manner and while the number of cures is not put down at so high a figure as at first, still it is generally conceded to be superior to any other form of treatment in this dreadful disease and it has certainly been of great benefit in giving hints as to the treatment of other diseases.

If bacteriology can give such practical results no man should ever look on it as of little use and even the smallest medical school

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will begin to see that a medical course without a bacteriological training is worth but little at the present day. Serum therapy, thanks to that noble animal, the horse, has shown itself to be of incalculable good in one disease and probably other means in other diseases may give equally good results.

* * *

Medical Remuneration.

THE hackneyed subjects of medical remuneration and hospital and dispensary abuse, received a fair share of attention at the hands of the members of the American Academy of Medicine at its late meeting. It was shown that the great increase in the number of hospitals, institutes and dispensaries had a pauperizing effect and that too many persons were obtaining free medical services who paid for all other services and could pay the physician too if the free attention were not made so tempting.

Such subjects cannot be discussed too frequently, and yet it is that very desire on the part of a set of men who come together and start a medical school and open a hospital and dispensary to have clinical material at any cost and this material bid for, as it were, and interesting cases actually paid to be brought before the class, that pauperizes the people.

An English writer in the *British Medical Journal* says in this connection: "The laborer is worthy of his hire," and in most vocations of life this seems to be accepted as true. When, however, the facts of professional life are taken into consideration, and we estimate by this rule the ordinary earnings of practitioners of medicine, it is necessary to confess, either that medical skill and knowledge are worth very little, or that gross injustice is too frequently meted out to members of our profession. From every side come reports of continual lowering of medical fees, and while in the case of the working classes the public have been treated *ad nauseam* to comments and articles on the "living wage," we look in vain throughout the daily press for any sympathy with the underpaid doctor, or for timely admonition, that it is hardly in accordance with public policy that the doctors of the community should have their remuneration reduced below this. One of the most disheartening sides of this state of affairs is the apparent apathy displayed by many practitioners, who would be thought to be gravely affected by the lowering of fees, and in this alone is the chief extenuation of the callousness of the public; for the latter might naturally urge that if members of the class most affected seem to be satisfied, there can be little occasion to agitate for reform. This apathy and apparent content can only be accounted for on the theory that such individuals have other sources of income, which enable them to take starvation professional wages without demur. Two reports of friendly societies lie before us; one is from the *Lincoln Gazette* of January 26, and refers to the Odd Fellows' Medical Institute. Dr. Johnston, the senior medical officer, appears to be quite satisfied, and gives a glowing description of the present state of the institution. Among the details he mentions that the medical officers (two in number) and dispenser have received between them £500 17s. ($2500), and that the drug bill was £161 5s. ($805). For this remuneration 6934 visits appear to have been made in 1894, 24,173 consultations were given to members, 288 accidents attended to, 297 teeth extracted, and 31,431 prescriptions dispensed. It can hardly be denied that the members of this Institute have had their money's worth, but when £500 ($2500), is the full remuneration paid to two qualified practitioners for all this work, and out of this has to be deducted the salary of the dispenser, we cannot congratulate the medical officers on the high estimate placed on their services, judging from the rate of payment, particularly when we are told that the bare cost of the drugs supplied comes to nearly a third of this sum. Still more gloomy is the story told by the *Ardrossan and Saltcoats Herald* of January 25. From it we learn that Dr. Beveridge, as a result of an agitation amongst the members of the "Hurlford Fig Tree Lodge of Free Gardeners," has just intimated his willingness to accept members at 2s. (50 cents), per annum instead of 2s. 6d. (62 cents), which had previously been paid. "Everybody seems pleased," says our contemporary, "with the concessions so willingly made by Dr. Beveridge."

It is high time that physicians were putting a fair value on their professional services and not be dictated to by corporations and individuals. One leading life insurance company attempted a reduction of its examination fees and its best examiners promptly sent in their resignations. It is only by concerted action that physicians can obtain their rights.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 11, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		12
Phthisis Pulmonalis		18
Measles	61	
Whooping Cough	1	1
Pseudo-membranous Croup and Diphtheria.	11	7
Mumps	4	
Scarlet fever	11	
Varioloid		
Varicella	1	
Typhoid fever		2

Dr. John H. R. Wolfe, class of 1861, University of Maryland, died at Glenwood, Howard County, Maryland, last Friday, aged 65 years.

The Association of American Medical Editors elected officers for the ensuing year as follows: Dr. George M. Gould of Philadelphia, President; Dr. Ohmann-Dumesnil, St. Louis, Treasurer, and Dr. H. B. Ellis of Los Angeles, Cal., Secretary.

The American Medical Publishers' Association elected the following officers: President, Dr. Landon B. Edwards of Richmond; Vice-President, Dr. J. C. Culbertson of Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., of New York City; Secretary, Charles W. Fassett of St. Joseph, Mo.

The American Medical College Association decided that the four-years' course shall go into effect with the students entering in 1895. The following officers were elected: President, Dr. William Osler of Baltimore; Vice-Presidents, Drs. J. M. Bodine of Louisville, and D. W. Graham of Chicago; Secretary and Treasurer, Dr. Bayard Holmes of Chicago, and Judicial Council, Drs. D. S. Reynolds of Louisville, W. H. Pancoast of Philadelphia, and Victor Vaughan of Ann Arbor, Mich.

The American Pediatric Society will hold its seventh annual meeting at the Virginia Hot Springs on May 27, 28 and 29, under the presidency of Dr. F. Forchheimer of Cincinnati. The preliminary programme includes the following papers: Cerebro-spinal Meningitis in an Infant Six Days Old, by Dr. T. M. Rotch of Boston; Three Cases of Purulent Otitis Media which ended fatally, by Dr. W. F. Lockwood of Baltimore; Pyopneumothorax, by Dr. Walter L. Carr; Traumatic Aphasia, Scarlatina Anginosa, Croupous Pneumonia, by Dr. Samuel S. Adams of Washington; Hyperpyrexia, by Dr. Henry D. Chapin of New York; Sarcoma of the Kidney in an Infant, by Dr. J. Henry Fruitnight of New York; Lymphosarcoma of the Spleen, by Dr. George N. Acker of Washington; Tetanus Neonatorum, by Dr. J. Lewis Smith of New York; Infantile Tetany, by Dr. M. P. Hatfield of Chicago; Two Cases of Tetany, by Dr. Floyd M. Crandall of New York; Amyloid Disease in Children, by Dr. B. K. Ratchford of Cincinnati; Typhoid Fever in Infants under Two Years, by Dr. William Perry Northrup of New York; Some Forms of Eruption simulating Scarlatina, by Dr. A. D. Blackader of Montreal; Scarlatiniform Exanthem, by Dr. C. G. Jennings of Detroit; Scarlatina with Intensified Eruption and poorly marked Constitutional Symptoms, by Dr. Louis Starr of Philadelphia; Extensive Gangrene following Scarlatina, by Dr. James C. Wilson of Philadelphia; Difficulty in Differential Diagnosis, by Dr. J. P. Crozer Griffith of Philadelphia; Local Treatment of the Skin in the Eruptive Fevers of Children, by Dr. A. Seibert of New York; Cases of Adherent Pericardium in Children, with Enormous Heart Hypertrophy, and Chronic Proliferative Peritonitis, and Recurring Ascites, by Dr. William Osler of Baltimore; Rupture of the Bladder, by Dr. John Dorning; Cardiac Anomalies, by Dr. William Osler; Aorta Arising from the Right Venticle, by Dr. George N. Acker of Washington; Patent Ventricular Septum, by Dr. A. Jacobi of New York; The Characteristic Features of the Recent Epidemic of Grippe, discussed by Dr. L. Emmett Holt, Dr. W. P. Northrup, Dr. Henry D. Chapin, and Dr. A. D. Blackader; Antitoxine in Diphtheria, by Dr. F. Gordon Morrill of Boston; Personal Experience with Diphtheria Antitoxine and Blood-serum Injections, by Dr. Augustus Caillé of New York; The Value of Diphtheria Antitoxine, and its Toxic After-effects, by Dr. A. Seibert; Cases apparently of Diphtheria, but in which the Diphtheria Bacillus is not found, by Dr. E. M. Buckingham of Boston; and Cases of Scurvy, by Dr. A. Jacobi.

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WASHINGTON NOTES.

The Clinico-Pathological Society held its regular meeting on Tuesday night, May 7, the President, Dr. Wm. M. Sprigg, in the chair. Dr. Sterling Ruffin was elected a member of the Society to fill a vacancy caused by the resignation of Dr. J. F. Scott. Dr. J. Thomas Kelley presented a vesical calculus, that was about the size of a pigeon's egg and was found accidentally. He was operating for ventral herinia in a woman and while examining the ovaries to see if they were all right he accidentally felt this stone in the bladder and removed it.

Dr. Kelley also showed a uterus which he removed through the vagina, for a large fibroid tumor. The woman recovered.

Dr. Wellington read a paper on "Croupous Pneumonia in Children," which brought forth much discussion by Drs. T. R. Stone, Larkin W. Glazebrook, Frank Leech, A. A. Snyder, Taliaferro Clark, E. L. Tompkins and others. Dr. E. L. Tompkins read a paper on "Cerebral Hemorrhage" and showed two brains which had extensive hemorrhage in them.

The discussion of this paper was postponed on account of the lateness of the hour and the Society adjourned.

The regular weekly meeting of the Medical Society of the District of Columbia was held on Wednesday night, May 8. Dr. Taliaferro Clark read the paper of the evening, entitled, "Remarks on the Therapeutics of Diarrhea in Children." It was discussed at great length by Drs. G. N. Acker, S. S. Adams, G. L. Magruder and others.

The managers of the Eastern Dispensary are desirous of having an Emergency Department to their Dispensary and have petitioned the Commissioners of the District to divide the city into districts for the different ambulances, promising not to make a general hospital of the building.

The Central Dispensary and Emergency Hospital had a donation on Saturday, May 11, and received about $135 in money and the equivalent of $300 more in provisions.

PUBLIC SERVICE.

UNITED STATES ARMY.

Week ending May 13, 1895.

Leave of absence for one month and fifteen days to take effect on or about June 16, 1895, is granted Major William E. Waters, Surgeon United States Army.

The extension of leave of absence on Surgeon's certificate of disability, granted Major Washington Matthews, Surgeon, is further extended four months on Surgeon's certificate of disability.

The leave of absence on account of sickness granted Major Clarence Ewen, Assistant Surgeon, is extended three months on account of sickness.

Captain Louis W. Crampton, Assistant Surgeon, will report in person to the president of the examining board appointed to meet at Denver, Colorado, on May 14, 1895, for examination for promotion.

Captain Richard W. Johnson, Assistant Surgeon, is relieved from duty at Washington Barracks, D. C., and ordered to Fort Huachuca, Arizona, for duty, relieving Major Timothy E. Wilcox, Surgeon. Major Wilcox on being thus relieved is ordered to Fort Schuyler, New York, for duty.

UNITED STATES NAVY.

Week ending May 11, 1895.

Passed Assistant Surgeon S. S. White ordered to the United States Ship "Bancroft" June 8, 1895.

Passed Asststant Surgeon J. W. Baker from the "Enterprise" and Recorder Naval Medical Examining Board.

Assistant Surgeon M. W. Barnum resigned from the Navy May 7, 1895.

Assistant Surgeon Robert Boyd resigned from the Navy May 8, 1895.

Surgeon M. C. Drennan ordered for examination preliminary to promotion.

Assistant Surgeon H. D. Wilson detached from the "Vermont" and to the "Monongahela."

Surgeon H. G. Beyer ordered to the United States Ship "Monongahela."

BOOK REVIEWS.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX; A Work of Reference for Medical Practitioners. 1895. Thirteenth Year. New York. E. B. Treat & Co. Price $2.75.

This volume is far superior to former editions. It is more than an annual, for many of the sections are complete treatises in themselves. The chapter on eyesight of children with its very excellent illustrations is particularly attractive. Also the articles on paralysis and on the thyroid treatment, are both very full and well illustrated. The antitoxine treatment of diphtheria has received its share of attention. At the end is a section on sanitary science, one on progress in pharmacy, an illustrated chapter contains a partial list of new instruments for the past year and at

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the end is a list of new books for the past year with the names of the publishers and prices. This annual is a very useful part of the physician's library.

SUGGESTIONS TO HOSPITAL AND ASYLUM VISITORS. By John S. Billings, M. D., Director of the Hospital of the University of Pennsylvania, and Henry M. Hurd, M. D., Superintendent of the Johns Hopkins Hospital. With an Introduction by S. Weir Mitchell, M. D. Philadelphia: J. B. Lippincott Company, 1895. Pp. 48. Price 50 cents.

This little pair of spectacles must have been needed, or it would not have been produced by three such lights as Mitchell, Billings and Hurd. It contains much that is very sensible and the most of it should occur to the ordinaty hospital visitor. However, the experience of these men shows that such a book was wanted and it has the merit of being clearly written and well printed and very concise.

REPRINTS, ETC., RECEIVED.

Typhoid Ulcer. By B. Merrill Ricketts, M. D. Reprint from the *Cincinnati Lancet-Clinic.*

Direct Fixation in Fractures. By B. Merrill Ricketts, M. D. Reprint from *The Times and Register.*

A Case of Congenital Osseous Occlusion of the Choanae. By John R. Winslow, M. D. Reprint from the *American Medico-Surgical Bulletin.*

Surgical Clinic (Illustrated), Complimentary to the Visiting Members of the Mississipi Valley Medical Association. By Augustus C. Bernays, A. M., M. D. 1895.

Dislocation and Double Fracture of the Upper Third of the Humerus. By B. Merrill Ricketts, M. D. Reprint from the *Journal of the American Medical Association.*

The Proceedings of the Fourth Annual Meeting of the Association of the Military Surgeons of the United States. Held at Washington, D. C., on May 1, 2 and 3, 1894. Vol. IV.

Syrup of Hydriodic Acid and Chemically Pure Hypophosphites. By R. W. Gardner, Pharmaceutical Chemist. Twelfth Edition. Published by the Author, 158 William Street, New York City, 1895. Pp. 118 and 76. Mailed to physicians only, upon request and receipt of their professional card.

CURRENT EDITORIAL COMMENT.

THE PULSE IN DIAGNOSIS.

Medical and Surgical Reporter.

LESS attention is now paid by medical men to the human pulse as an indicator of diseased states than ever before. This is to be regretted for, although we do not believe that such fine distinctions can be made as were claimed by some of the old authorities, such as being able to tell when a person needed to micturate by the state of the pulse, yet we do think that with a nice sense of touch and with the rational acceptance of other signs and symptoms some of our older brothers averted many mistakes in treatment resultant from faulty diagnosis.

GLASS HOUSES.

Medical Age.

UNLESS we are greatly in error, the definition of quackery includes the perverting, distorting and strangling of legitimate medicine, for personal ends. Is it not notorious that there are a number of superficial observers and ready writers who are guilty of this very fault, in that they are ever ready to give evidence in favor of any preparation, the contents and composition of which are concealed by trade mark or patent, and of whose therapeutic and physiological action they are necessarily utterly ignorant—and that, too, in every conceivable form of disease or injury, regardless of rhyme or reason? If this is true, it is not only most reprehensible, but constitutes most dangerous charlatanism.

PHYSICIAN OR SLAVE.

Progress.

THE custom of continually responding to the calls of those who never pay their medical bills is a greater evil than the dispensary abuse. This is the cause of the people being educated to neglect these accounts, and the physicians who do it—and they are numberless—suffer for their folly by a shortened life, the latter years of which bring many pains and aches. In the case of the deserving poor the medical attendant is amply rewarded by the patient's gratitude, but this is a much smaller class than that composed of those who *will not* pay. If this latter class were taught that they must expect the services of the charity physicians or pay their bills there would soon be a great increase in the collections of doctors.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 6. BALTIMORE, MAY 25, 1895. WHOLE NO. 739

ORIGINAL ARTICLES.

THE RELATION EXISTING BETWEEN CHOLELITHIASIS AND HEPATIC ABSCESS.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 24, 1895.

By W. M. Lewis, M. D.,
Baltimore.

I DESIRE to report two cases of cholelithiasis, presenting wide differences as to symptomatology, and to make some remarks with reference to the relation existing between cholelithiasis and hepatic abscess.

On the last day of October, 1894, I was consulted by George H., thirty-nine years of age, of German parentage, baker by occupation, for relief from pain in the abdomen.

He complained of nausea, but no vomiting; bowels constipated, appetite poor, and the pain, which was at that time located chiefly in the right iliac fossa, was so severe as to deprive him of sleep. He had also headache, and pains in the limbs. His temperature was 100° F; pulse 90; had had no chill nor sweating. There was some cough with but little expectoration. His abdominal pain was much increased by the coughing. There was no icterus, and he had not had clay-colored stools. Physical examination of the heart and lungs negative. Abdominal examination revealed tenderness in the right iliac fossa, which extended upward toward the liver. There was also marked gurgling in the ileo-cecal region, together with slight dullness. The liver was not specially enlarged, nor were either the kidneys or spleen palpable; there was slight dullness below the costal margin, in the region of the hepatic flexure of the colon, which was supposed to indicate solid distension of the colon, as it was not apparently directly continuous with liver dullness. No rose spots could be detected. The tongue was dry, heavily furred, and tremulous.

Of his family history, but little could be learned, he having come to this country when very young. Of his previous history, it was learned however that he had several times suffered from what had been diagnosed as intestinal colic, but had never been confined to bed for more than two or three days at a time, and had at no time had jaundice. His general appearance was that of a man seriously ill; his countenance expressing great anxiety and pain. Locomotion was difficult, and there was a tendency to shield the right side. The man was put to bed, on a milk diet, and the diagnosis reserved. From October 31, the day he was taken sick, until November 7, the temperature gradually rose day by day, until on the evening of November 7, it reached 104°. The pulse ranged during this time between 100 and 108. From November 7, until November 12, the temperature fluctuated between 102° and 103°, while the pulse was usually about 110. On November 12, the temperature suddenly fell to below normal

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(97.8°), accompanied by a copious diaphoresis, and the most intense and agonizing pain, while the pulse rapidly increased to about 120. The bases of both lungs showed evidence of hypostatic congestion, and the expectoration was tinged with blood. In view of the serious condition of the man at this time, Dr. Charles E. Simon was asked to see the case in consultation. It was found that the swelling in the right hypochondriac region had rapidly increased in size, the hepatic dullness merging directly into that of the swelling.

These conditions, in conjunction with the other symptoms present, suggested the presence of a liver abscess. Dr. I. R. Trimble was then called in consultation to advise in reference to the propriety of surgical interference, and after examination urged the advisability of incision. Preparations were accordingly made for the operation, the incision beginning at the right parasternal line, extending along the lower costal border, and being about 13 centimeters (5 inches) in length. After cutting through the abdominal walls, the liver was found to be adherent to the parietes of the abdomen, thus fortunately shutting off the general peritoneal cavity from the field of operation. An abscess was found immediately over the gall bladder of about the size of a small orange, which was evacuated, and a portion of its contents preserved for microscopical examination. In the floor of the abscess cavity, distinct fluctuation was obtained. Into this fluctuating mass a trocar was thrust, from which muco-serous fluid escaped. It was then observed that this supposed abscess cavity was the gall bladder, and from the abnormal condition of the biliary fluid, it was suspected that occlusion of the cystic duct was present. Such indeed proved to be the case, for from the opening into the cystic duct was taken a stone of about the size of a hickory nut, which presented three facets, strongly suggesting the presence of another stone, although it could not be found at that time. The patient was put to bed greatly collapsed, surrounded with hot bottles, and stimulated with brandy, strychnia, digitaline, etc., hypodermically. Death occurred fourteen hours later from shock.

At the autopsy the heart was found normal, and, excepting a considerable degree of hypostatic pneumonia, the lungs were also normal. The liver was slightly enlarged, and contained an additional abscess in the anterior border of the right lobe, which was about the size of a small walnut. The two abscess cavities did not communicate with each other, nor did either communicate with the gall bladder. In the cystic duct was found another gall stone, about the size of the first one removed, and the duct was further completely occluded by swelling of the mucous membrane. As already noted, the biliary secretion was serous in character, an observation perfectly in accord with that of Riedel, who found that pathological alterations in the character of the bile contained within the gall bladder were present in every case associated with occlusion of the cystic duct. The liver did not however present the tongue-like process which Riedel mentions as being many times associated with cholelithiasis.

The spleen was somewhat enlarged, very friable, tearing under the most gentle handling; the stomach, intestines and kidneys macroscopically normal. Owing to family objection, it was not possible to secure specimens of the various organs for macroscopical examination. A microscopical examination of the pus taken from the abscess cavity failed to show the presence of amoebae, and as no history of injury was obtainable, it was deemed probable that in view of the results of recent researches into the causation of hepatic abscess, the infection might have been due to the presence of the bacterium coli commune, as it is well known that these micro-organisms, in many cases, form the nucleus around which gall stones are developed. Unfortunately from lack of proper facilities, I was unable to demonstrate the presence of this organism. When this case was first seen, the location of the pain would suggest the probable presence of either appendicitis or typhoid fever. Later on, the indis-

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tinctly remittent type of the temperature curve suggested the possibility of the presence of the malarial organism, but upon a microscopical examination of the blood, no malarial parasites were found, but another very significant fact was noted, *i. e.*, the presence of a marked leucocytosis ; and upon a blood count it was found that there were present about 25,000 leucocytes per c.m. of blood. It was found upon examination of the urine that no albumen was present, but that a large increase in the amount of uric acid existed, an observation entirely in accord with that of many investigators, which is to the effect that a permanent or even a temporary increase in the number of the white corpuscles is always attended by an increase in the amount of uric acid. A trial of Ehrlich's test proved negative. In typhoid fever, as is well known, there is little, if any, increase in the number of white corpuscles in the blood, so that notwithstanding the presence of the time-honored clinical signs of intestinal gurgling, the step-ladder elevation of temperature, and the characteristeric tongue, which were present in this case, the diagnosis of enteric fever was by the blood examination excluded.

Appendicitis was excluded by the absence of McBurney's tender point, by the disappearance of the pain from the ileo-cecal region, and by the absence of physical signs of a tumor. That it was a distended gall bladder was rendered improbable by the fact that a tumor the shape of the gall bladder could not be made out, although the liver at that time projected about 5 cm. below the costal margin. The presence of a sub-diaphragmatic abscess was thought unlikely, because no increase in hepatic dullness was apparent upward.

Hence in view of the fact that the liver was enlarged with swelling below the right costal border, the peculiar temperature and marked sweating, as well as the degree of leucocytosis, the diagnosis of hepatic abscess of course suggested itself, which, from the previous history of the patient, *i. e.*, recurrent attacks of colic, was thought to be referable in all probability to the presence of gall stones.

At the autopsy it was found, as has already been noted, that the liver was only slightly enlarged, while before death there was great increase in its size. It is well known that where obstruction to circulation exists, the liver may become enormously distended, yet after death but little or no enlargement exist. Again, a rotation of the liver forward and downward, a condition frequently met with in women who have borne many children, will simulate an enlarged condition of the organ. Out of forty-two cases of cholelithiasis tabulated by Riedel, in eighteen the liver was entirely normal ; in twelve cases it was enlarged as a whole, or at least in the right half, and in the same number of cases a tongue-like process projected downward and forward from the right lobe beneath the costal margin. He says that as could have been forseen, the enlargement of the liver only occurred in those cases in which gall stones had migrated into the deeper ducts, or when they were located in the gall bladder had caused swelling of the biliary passages from that point. While in cholelithiasis, evidences of inflammatory processes were not infrequently seen in the serous covering of the liver, as indicated by the deposition of fibrin, the presence of circumscribed adhesions with the parietal peritoneum, the omentum, the stomach, the transverse colon and the duodenum, yet in a series of sixty-four cases recorded by him, *i. e.*, Riedel, no case of hepatic abscess was noted.

In this connection, it may be interesting to relate the history of a case kindly furnished me by Dr. Charles E. Simon of this city, which very well shows the value of a blood examination in obscure cases of abdominal disease.

J. F., married, 30 years of age, previous history negative, except for occasional attacks of "indigestion," which were always accompanied with very severe pain. On June 9, 1893, he started with an attack of typhoid fever, which was of extreme severity, the temperature rising on one occasion to 106.5°, at 7 A. M., and reaching normal for the first time on the thirty-fifth day. During the following three days the temper-

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ature ranged between 98.6° and 100.6°, while the pulse during the same time ranged between 88 and 104 per minute.

On the 37th day of the disease, only 475 cc. of urine were voided, while previous to that time the amount secreted was about normal. During the afternoon of the same day, he began to vomit and to complain of pain in the lower abdominal zone, particularly in the right iliac region, which was not relieved by turpentine stupes, nor small doses (one-sixth of a grain) of morphia. A few hours later, a few teaspoonfuls of paregoric were given and at 10 P. M., one-fourth of a grain of morphia, the pains at that time being agonizing. While the temperature at 8 P. M. was 100°, it steadily rose during the next few hours until at midnight it was 105.5°. The pulse made a corresponding rise from 104 to 176. At this time the patient was deeply comatose and appeared to be moribund. During the succeeding two hours three pints of whiskey and numerous injections of camphor were given. The temperature gradually decreased, reaching normal the next day about noon, from which point off, the temperature continued about normal, notwithstanding the fact that the patient was in deep stupor. The pulse varied between 120 to 140 per minute. The amount of urine voided during the 38th day was slightly in excess of 500 cc. Physical examination made on the 38th day revealed, in addition to the conditions already noted, three beginning bed sores, one upon the sacrum, and one on each trochanter. Moist rales were also to be heard at both bases. The liver was found somewhat enlarged; the abdomen tender throughout, most marked, however, in the right half. Right rectus muscle extremely tense. Although the liver was enlarged and was easily palpable, it was impossible to make out any enlargement of the gall bladder. The spleen was enlarged and had been in such condition during the course of the disease.

From the general symptoms described, notwithstanding the absence of the characteristic facies noted in cases of perforation, the diagnosis of peritonitis was of course suggested. A blood examination made at this time, however, showed the existence of a slight leucocytosis and out of 500 leucocytes counted, 11.4 per cent. were of the small mononuclear variety, 1.4 per cent. transition forms, 83.4 per cent. multi-nuclear neutrophiles and 0.2 per cent. eosinophiles.

In view of the fact that the degree of leucocytosis generally stands in direct relation to the degree of local reaction, the diagnosis of peritonitis was of course abandoned and that of cholelithiasis regarded as the more probable, a view the correctness of which was later demonstrated by the fact that the urine became bile-tinged, that a distinct icterus was developed, and by the passage of a soft clay-colored stool in which, it is true, no calculi were found, but which contained a piece of inspissated bile, very much resembling a piece of india-rubber. In this connection it is extremely interesting to note that the occurrence of a piece of inspissated bile, which was regarded as the cause of the obstruction, is a condition of extremely rare occurrence.

In personal conversation with Dr. Simon, I was told that only one other case, after a careful survey of the literature, had fallen under his notice; that was a case which he had occasion to examine for Dr. Simon Flexner of the Johns Hopkins Hospital, and which was discovered at an autopsy. In Dr. Flexner's case the obstruction was about 5 centimeters long and 1 centimeter thick, while in Dr. Simon's case the obstruction was only about one-half that size.

In reference to the differential diagnosis between septic infection and cholelithiasis, it seems to me that it would have been impossible at that stage of the disease to have positively decided which of these conditions was present, without an examination of the blood, as by the presence or absence of a leucocytosis, the presence or absence of septic infection is determined. When we remember the almost unvarying fatality of perforative peritonitis in connection with typhoid fever, it will not be thought strange that the hopes of the family for the recovery of the patient were resting

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entirely upon the result of the blood examination.

One lesson to be drawn from the study of these two cases is the importance of an examination of the blood. By it the presence of septic infection may be definitely excluded, and in many cases a positive diagnosis made.

A second is the importance to be attached to a sudden decrease in the amount of urine secreted by the kidneys. Great stress is laid upon this condition by certain French writers, A. Robin, Gubler, Hayem, G. Sée and others, who recognized by this means the onset of many complications, before the physical signs of such changes were sufficiently advanced to be detected.

A third lesson is the necessity for greater care in the examination of the patient with reference to the diagnosis of the disease. In my case I at first believed I was dealing with a beginning typhoid fever, and not until the microscopical examination of the blood made a few days before the sudden fall of temperature revealed the presence of a marked leucocytosis, was the true condition recognized.

In reference to the relation existing between cholelithiasis and hepatic abscess, Frerichs states that inflammation and ulceration of the biliary passages, which may succeed upon the presence of concretions, etc., are, many times, the cause of hepatic abscess.

Dr. Osler speaks of the difficulty of making the diagnosis from intermittent fever, and states that the diagnosis must many times be made by the administration of quinine, or a blood examination. He states that where suppuration has its primary start in the bile ducts, the temperature may present an intermittent curve, there is great enlargement of the liver, and death invariably takes place early.

Bright speaks of biliary calculi associated with multiple abscess. Louis reports a case of the same kind, there being in this case some thirty to forty abscesses. Abercrombie has reported two cases. Budd reports several cases. Lebert reports a case in which the biliary passages, even down to the smallest canals, were filled with gall stones associated with suppuration. Frerichs reports a case in which the biliary passages were obstructed by calculi, causing inflammation of the same, associated with an abscess in the liver substance, the size of a child's head.

PUS IN THE PELVIS.—The inflamed Fallopian tube too often escapes detection. Dr. Grace Harrison relates a series of cases in the *Alabama Medical ana Surgical Age*, from which he draws the following conclusions:

1. The symptoms of pyosalpinx vary greatly according to previous condition of patient, size and mobility of the tube.

2. Complete anesthesia is essential to thorough examination of the pelvic and abdominal organs.

3. The sickening nausea and vomiting is probably due to pressure on the ovary.

4. Pyosalpinx seldom ruptures into the peritoneum, but nature seems to guide the tear toward the vagina or more often the rectum.

5. It is probably unsafe to aspirate save through a broad adhesion and at a point of great tenderness.

6. We may hesitate to perform laparotomy when there are clearly defined broad adhesions between the tumor and bowel or vagina.

7. When rupture has occurred into the bowel or vagina, we should carefully but thoroughly cleanse the cavity with antiseptic solutions. Preferably warm boracic acid sol. or peroxide hydrogen.

8. By proper care an artificial anus may be relieved without operation, if seen in time.

9. In debating an operation we should banish all hope of establishing or fear of injuring a good reputation and consider the patient's good, and his alone. If an operation offers one chance in a thousand it should be given. Not our interests, but the *patient's, first, last and all the time.*

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WHY BALTIMORE IS A HEALTHY CITY.

READ AT THE FORTY-SIXTH ANNUAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION, HELD AT BALTIMORE, MD., MAY 7-10, 1895.

By D. W. Cathell, M. D.,
Baltimore.

BEFORE presenting a few statistics which aid in proving that Baltimore is a very healthy city, a brief synopsis of its location, climate, etc., seems proper. Baltimore lies in latitude 39° 18′, longitude 76° 36′. It is situated on the Patapsco river, one of the tributaries of the great Chesapeake Bay, which divides the State of Maryland into two portions —eastern and western, the city of Baltimore being on the western portion, about fourteen miles from the junction of the Patapsco river with the bay. We have an excellent and large harbor for our shipping.

Baltimore covers an area of 31½ square miles and, like Rome, may be said to lie on seven hills. Its soil is both healthy and favorable for building. The city has 99,987 houses, with an appraised value, including the ground, of $274,000,000. Its population, as ascertained by the police census of 1894, is 496,315, of whom 422,568 are white and 73,747 are colored. It has 780 miles of paved streets, with 234 miles of rapid-transit street railways, running 785 cars, some cable, some electric, each car being provided with a fender in front for the protection of life and limb, and all stop to take on or let off passengers at the near side of streets, instead of crossing the street before doing so, and each must come to a full stop before crossing any intersecting railway. By these rules our street railway accidents are reduced to a minimum. Besides business, car-riding for pleasure is a source of both recreation and health to our people.

Our city has an inexhaustible supply of excellent water, chiefly from the Gunpowder river, kept in 8 separate storage reservoirs, which have a total capacity of 2,274,000,000 gallons, the daily consumption of water being 45,000,000 gallons, while the daily capacity of supply is 300,000,000. This is one of our chief sources of health.

The rich and diversified soil, the swarming waters, and the teeming forests about Baltimore furnish an unsurpassed abundance and variety of food. Added to these, we have an unequalled climate for permanent residence, for neither the cold of our winters nor the heat of our summers continues long enough to entail deleterious effects on the general health. Our snows end with March and our autumn frosts begin with November.

Baltimore is chiefly surface-drained, and although it has about 35 miles of underground sewers, the function of most of these sewers is to carry off storm-water from certain localities. The city has no slums, and comparatively few tenement houses, although, like all large cities, there are many thickly populated neighborhoods where many poor people live too closely huddled. The mean temperature for 1894 was 55.9°; the highest temperature of summer was 98°; the lowest in winter was 7° above zero. Our average annual rainfall is 44 inches. The number of days on which rain and snow fell in 1894 was 134, and strange to say, the greatest monthly precipitation was in May, 7⅓ inches, and the least was in March, 1¼ inches. The total mortality in the city of Baltimore for the year 1894 was 9486, of which number 7242 were white persons and 2244 colored, being a marked decrease in comparison with the five preceding years, notwithstanding a decided increase in population. Our death rate for 1894 was 20.84 per thousand, but if the death rate per thousand were computed as in other cities, upon an estimated population, instead of the U. S. census of 1890, it would show a rate of only 19.04 per thousand for the whole

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population, which would make Baltimore rank high among the very healthiest cities in the world. Among the 9486 deaths there were 1085 deaths of persons above 70 years of age.

Taking the different periods of life separately, there were :

Under 1 year,	2616
Between 1 and 2 years,	669
" 2 " 5 "	476
" 5 " 10 "	255
" 10 " 15 "	143
" 15 " 20 "	316
" 20 " 30 "	778
" 30 " 40 "	780
" 40 " 50 "	735
" 50 " 60 "	801
" 60 " 70 "	832
" 70 " 80 "	701
" 80 " 90 "	322
" 90 "100 "	59
" 100 "110 "	3

The ratio of deaths of children under five years of age to the total mortality was 39½. In addition, there were 721 still-births during the year.

The death rate among our colored population is always greater than that of the whites. This I attribute chiefly to their meager comforts and lack of opportunities for advancement, compared with those of the whites, coupled with their relative lack of knowledge of sanitary laws. Thus, in 1894 :

The annual death rate per 1000 white population was 18.85.

The annual death rate per 1000 colored population was 31.60.

Among the chief causes of death in 1894 we find :

Consumption,	1106
Pneumonia,	790
Cholera Infantum,	440
Disease of heart,	438
Cancer,	264
Bright's disease,	226
Typhoid fever,	222
Diphtheria,	198
Diarrhea,	144
Influenza,	132
Whooping cough,	112
Accidents,	109
Bronchitis,	90
Scarlet fever,	85
Childbed,	82
Dysentery,	72

The number of deaths in public institutions was :

Baltimore City Jail,	2
Penitentiary,	15
Hospitals and asylums	976
Deaths reported by coroners, including inquests,	770

During the year there were 777 interments in the two public cemeteries, Eastern and Western, at the public expense. A comparison of the mortality in Baltimore for the past five years shows the following decreasing ratio :

	Total number of deaths.	Ratio per 1000
1890	10,198	22.41
1891	10,073	22.13
1892	10,582	21.77
1893	9,554	20.99
1894	9,486	20.84

The vital statistics of our race tell us that the average duration of human life is about 37 years. Up to 1875 there were no reliable vital statistics kept in Baltimore ; and I am ashamed to tell you that even now, almost at the dawn of the twentieth century, we have no complete record of the births ; but of the 174,923 deaths that occurred in Baltimore during the twenty years ending December 31, 1894, we find the following large number of aged decedents :

12,651	were	between	40	and	50	years	of	age.
12,752	"	"	50	"	60	"	"	"
12,800	"	"	60	"	70	"	"	"
10,779	"	"	70	"	80	"	"	"
4,972	"	"	80	"	90	"	"	"
759	"	"	90	"	100	"	"	"
95	"	"	100	"	110	"	"	"

13 were above 110 years of age.

Nature has done a bountiful share for Baltimore, and man has done much to aid her, and of this her physicians have done their full share. We have about 450 regular practitioners in the city, besides quite a sprinkling of irregulars of all shades and colors. We now have laws regulating medical practice, which bid fair to be of great benefit to the community. Besides the great Johns Hopkins Hospital, we have scattered through the city numerous other and well managed hospitals and homes, some for the

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sick, some for the insane, and all for humanity, and each of these is doing its full share towards making Baltimore a healthy city. In addition to these we have sanitariums and homes for sick children, free excursions for the poor, asylums, etc., which I might describe and praise if time permitted, but if prevention is better than cure, then these all unite to do a power of good.

Among other medical features, we have six regular medical colleges that send forth a total of about 500 graduates yearly.

We have lovely suburbs, which teem with the summer homes of our wealthy citizens, and the cottages of our middle classes; and our woods and parks, river and bay swarm with excursionists and picnickers during warm weather. Druid Hill Park is one of the most beautiful to be found anywhere, and is a constant source of health to our people.

We have a well organized and highly efficient Health Department. A brief synopsis will show the important duties and responsibilites devolved on these, our custodians of public health, in 1894. It has a permanent corps of 22 vaccine physicians, whose number is increased when emergency requires. During 1894 they made 48,475 calls, and vaccinated 42,042 persons. Vaccination is compulsory, and no unvaccinated child is allowed to attend the public schools of Baltimore. This is another of our sources of health.

Our food inspectors inspect all food products, condemning any and all that is unfit for use. During 1894 they condemned 67,322 pounds of various kinds of meat and 1449 pounds of poultry, thus sparing our olfactories and guarding our health. Our milk inspectors examine milk, and spill into the streets all that shows by the lactometer a less specific gravity than 129 at 60° or is proven by microscopical examination to be dirty; and for these causes during the year 1894, 6679 gallons were condemned and spilled. Our milk supply for the year consisted of about 8,000,000 gallons of milk and cream, brought to us by twelve railroads and seventy country wagons, added to that gotten from the 1126 cows kept in the city.

We have an inspector of plumbing and drain work, whose duties and importance to the public health are obvious to all medical men. 3595 inspections were made during the year.

We also have an inspector of buildings, whose duties require him to see that all new buildings are erected with regard to safety to life and limb, and every dwelling house erected is compelled by law to contain a bath-tub—another decided source of health.

There are two inspectors of covered gutters and sewer inlets, who make daily visits of inspection, cleaning and disinfecting wherever and whenever necessary. Thirty-six tons of carbolate of lime were used by the Health Department in 1894. Their value to the public health makes it money well spent. Our coroners, five in number, are all physicians, and in addition we have two post-mortem medical examiners, who made 73 post-mortem examinations for the authorities during the year. We also have a public morgue, to which 163 bodies were sent, 127 white and 36 colored: 140 of these were males and 23 were females. 81 of these were subsequently claimed and buried by their friends. Baltimore has now a new and efficient quarantine hospital, with a disinfecting plant, equal if not superior to any in the country. This hospital is on the river, a few miles below the city, and is in charge of a quarantine physician and his assistants. 503 vessels were boarded and inspected during the year 1894, and twenty-four patients with infectious diseases were treated in the hospital. During the year 7692 unsanitary mattresses from emigrant steamships were destroyed in this port. Baltimore is the only American port in which they are destroyed.

The city has twelve sanitary inspectors, who examined and abated 20,582 nuisances during the year, and had 286 vacant lots drained and filled. It is also their duty to examine into all cases of contagious disease; diphtheria, scarlet fever, croup, measles, smallpox, etc., and to disinfect the premises after recovery. In 1894, 1977 cases were reported by the attending physicians, who are com-

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pelled by the laws to report every case. The importance of these rules in maintaining the public health could scarcely be overestimated. There were issued by the Health Department during 1894, 59,923 notices and orders to place premises in more sanitary condition, and 74,874 permits to clean privies were given; and every year on the approach of warm weather all persons are compelled to place premises and privies in a sanitary condition.

In regard to night-soil, 90,721 air-tight cartloads, equal to 18,144,200 gallons of liquid material, and 268,466 loads of garbage and ashes, were removed from the city in 1894, all by daylight, the former by what is known as the odorless system, to the two dumps, and carried thence down the river in scows, and disposed of to agriculturists. There were also removed 169,915 loads of street dirt and sand. In some portions of the city the streets are cleaned by sweeping-machines, but the dirt is taken from the majority of streets, lanes and alleys by laborers, scraping and sweeping. The daily average number of loads of street dirt removed was 600; and besides this, during the year, 9987 cartloads of refuse and filth were removed from the various sewers, sewer inlets, and covered gutters and 1105 cartloads of vegetable and other offal were taken from the various city docks, all with a view to maintain the public health.

In addition to garbage and dirt carts, we have covered wagons for the removal of dead animals, fowls, tainted meat, etc. During 1894, 45,211 of the former, and 2713 pounds of the latter and more than 112,000 fish, crabs and eggs were removed, and all done so quietly that probably many of our people do not even know of the existence of such wagons.

Our police force ably assists the health authorities in carrying out all laws relating to the public health. It consists of 808 officers and men, maintained in 1894 at a cost of $825,000. To say that we have a model police organization, with a most excellent detective service, would certainly be no exaggeration. We have 7 police stations and to each is attached one of the vaccine physicians, and a patrol wagon. This wagon not only carries arrested persons from the signal-box nearest the point of arrest, but it is also utilized for the humanitarian duty of carrying sick and wounded persons to their homes or to the hospitals. There are 2 abattoirs, and quite a number of slaughter-houses, all under private management. This is one of our chief unsanitary features.

Baltimore is lighted by 1039 electric lights, costing 35 cents each per night; besides there are 5932 gas lamps, and also 1036 gasoline-lamps, in small streets and alleys where there are no gas mains. These all conduce to safety of life and limb to pedestrians, and secure our persons and property against evil-doers.

Among other things we must establish and maintain perfect supervision over our water supply, and protect it against any and every possible source of pollution. We must adopt a more rational and scientific method of disposing of our garbage, fecal matter and other offal, either by desiccation or cremation. We must abolish our abominable privy vault system and adopt dry earth closets, or some other still better method. We must legislate the 97 cow-stables, with their 1126 cows, and all other nuisances, out of the city, and keep them out. We must abolish, together with all other pathological industries, every private slaughter-house, and place all abattoirs under such rules as insure full protection to the public health. We must devise some method of securing perfectly accurate statistics of births. Free public baths on an ample scale, centrally or conveniently located for the masses, should be established. The dangers of every unsanitary lane and alley in Baltimore should be removed by making it smooth with asphalt. We, also, badly need a public disinfecting plant for the city, and a city hospital for the care and treatment of the milder contagious diseases, *i. e.*, scarlet fever, diphtheria, measles, etc., while smallpox, yellow fever, cholera, etc., should continue to be treated at the Quarantine Hospital.

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I shall mention one more blessing we possess, and I am done, that is, that in addition to all else Baltimore is a lucky city, for in addition to having hosts of worthy men and noble women, she escapes many of the sorrows that fall to some other communities, for she is neither subject to earthquakes nor volcanoes, tornadoes, cyclones nor blizzards, and neither war nor pestilence has ever laid its hand heavily upon her. Besides, she has suffered no great fires, no sweeping floods, no withering droughts, no ghastly famines, or other dire calamities. And thankfully appreciating these facts, we, her citizens, "with malice towards none, but with charity for all," are determined, under God, to exert all the powers of our hands, and of our heads, and to our hearts, to make fair Baltimore in the future, as she is today, one of the healthiest and happiest cities in the world.

SOCIETY REPORTS.

AMERICAN MEDICAL ASSOCIATION.

FORTY-SIXTH ANNUAL MEETING, HELD IN BALTIMORE, MAY 7-10, 1895.

SECTION ON DISEASES OF CHILDREN.

FIRST DAY, TUESDAY, MAY 7.

Dr. John E. Woodbridge of Youngstown, O., then read a paper entitled Typhoid Fever in Children, in which he said typhoid fever runs the same course and is governed by the same laws, at any age, and the course of the disease is only modified by the different condition of the organs and the quantity of the poison ingested, in different subjects. In any case of typhoid fever the treatment should be directed towards the counteraction of the specific poison. At a sufficiently early stage, every case of typhoid fever can be aborted, and death avoided. The treatment is mild and simple, does an incalculable amount of good and most important of all, can do no harm; yet treated symptomatically it becomes one of the most dangerous diseases both of childhood and adult life. In many cases the child goes through an attack either to recovery or death without a correct diagnosis being made. Typhoid fever probably occurs in children oftener than is commonly suspected and I have often seen it mistaken for cholera infantum, indigestion, meningitis, or even intestinal worms. If a child presents the slightest symptoms of typhoid, treatment should be applied at once, on account of the great advantage derived from early treatment and because it is curative and absolutely harmless. Dr. Woodbridge then cited several cases of his own in which through "criminal stupidity" no diagnosis was made and death resulted. His present treatment would have saved them. He also cited cases showing how correct diagnosis might be hindered by the prominence of the complicating cerebral symptoms. In conclusion, Dr. Woodbridge said his treatment was simple and effective and there is no excuse for a patient dying of typhoid fever. Since he has adopted it he has never lost a case. It consists in administration of podophyllin, calomel, guaiacol, menthol and eucalyptol every four hours.

Dr. W. S. Thayer of Baltimore read a paper on the Diagnosis of Malaria in Children, with Demonstration of the Plasmodia. Malaria is caused by a parasite which in some way gains access to the system and attacks the red blood cells; the cells die, the spores of the parasite find lodgment in other cells, develop, kill those and thus go through this cycle. The parasites are the cause of the regular forms, the quotidian, tertian and quartan and also of the irregular forms often called typho-malarial fevers. In the regular forms the parasites are present in the blood in groups, all of which groups are in the same stage of development, and consequently the segmentation of all the groups occurs at the same time. The segmentation of these groups is always followed by a paroxysm. If a large number of groups sporulate there is a violent paroxysm; if a small number a slight paroxysm. These paroxysms are caused by some toxic substance liberated by the parasites at the time of sporulation. The tertian variety re-

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quires 48 hours to pass through its cycle and hence a paroxysm occurs every other day. In the quartan form 72 hours is required to complete its cycle. The tertian form is by far the most common in this country. In the double tertian form, there are two groups of parasites, which sporulate on alternate days. The double quartan form is very rare in this climate. The irregular forms are due to groups sporulating at irregular intervals which overlap each other and hence cause irregular paroxysms. In the spring and early summer we find the tertian and quartan forms, later the double tertian and in autumn the irregular forms begin to appear. The proofs of the causation of malaria by the parasite are undoubted and the best method of diagnosis, which is a positive one, is by the microscope.

In the irregular autumnal forms, it is often difficult at first to distinguish the parasites, for they are small and non-pigmented, but later they are more easily demonstrable. In examining the blood for the plasmodia, one must first be familiar with the appearances of normal blood. It is best to examine a fresh specimen. Thoroughly cleanse your slides with ether or alcohol and drop on it a drop of blood. In adults take the blood from the finger but in children who become frightened, from the lobe of the ear. The specimen is then hardened, stained with methylene blue. Counter-staining may be done with eosin. The specimen is best examined with an oil immersion lens.

Dr. Adolph Koenig of Pittsburg then read a paper on Guaiacol in the Treatment of Typhoid Fever in Children. He believed it to be caused entirely by water infection and that the liability to it increased as the chlld got older and took more solid and liquid food. That the system of treatment resolved itself chiefly at first into one of hygiene and diet, however, later in the disease, medication would often become necessary. The first thing to be done is to clean out the intestinal tract and then to render it thoroughly aseptic and thus prevent all fermentative processes. If symptoms point towards typhoid fever, first thoroughly cleanse the intestinal tract with calomel $\frac{1}{20}$-$\frac{1}{10}$ of a grain, every two or three hours, restrain all solid food and give plenty of *pure* water and milk, either pure or diluted with barley water. Guaiacol should be given as an intestinal antiseptic and also applied externally to reduce the temperature. When this treatment is carried out the disease runs a milder course and tympanites is often absent. He does not claim specific properties for guaiacol, but uses it merely as an antiseptic.

Dr. Samuel S. Adams of Washington, D. C., then read a paper on the Brandt method in children. He had tried one method after another and gradually discarded them one by one until in 1893 he first tried the Brandt method. He then exhibited some charts made in 1892-93, before the adoption of the Brandt method, and compared them with charts made in 1893-94, after its use. The charts speak for themselves, the later ones being shorter, with more satisfactory terminations, a lower per cent. of mortality and without a drop of medicine. He was not prepared to claim this as the only method of treatment, that the disease was shortened very little by it, but that when it is used the patients are more comfortable and the delirium greatly diminished. The only test of this treatment is to apply it as its author suggested. Do not entrust the case while in the bath to nurses, but have it done under the supervision of an assistant. Do not take the child to the water, but bring the water to the child at the bedside. Since 1893, he had not given a dose of medicine in typhoid fever, except one hypodermic injection of ergotin in a case of intestinal hemorrhage. The temperature of the first bath should be 72°–73° when the child is put in; this should be then reduced to 70°. If the first bath is well borne the next time he may be put directly into water at 70°. Keep in five to fifteen minutes, depending on the temperature, pulse, color, etc. The patient should be put into the bath when the temperature reaches 103.5°F. taken in the rectum. After the bath the patient should be given a drachm of whiskey and

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put into a warm bed. He then usually falls asleep and wakes in an improved mental condition, and when the delirium returns it is of a milder form. From the time in which the bath is used the daily range of temperature diminishes. The only death from typhoid which he had since last August was a case in which, owing to the cerebral symptoms, the diagnosis of typhoid fever was not made until just before death. Dr. Adams then exhibited a number of charts showing his results with the Brandt method. One case being remarkable in having an intestinal hemorrhage every fourteen days, on account of which the baths were suspended after seventy-one had been given. The ice-cap was then applied and kept on for a week. This case lasted from September 4, until November 27; though the patient was greatly emaciated, he finally recovered. In conclusion, Dr. Adams said he believes he can get just as good results from the Brandt method as any other and without giving medicines.

Dr. Wm. Osler of Baltimore said we must agree that young children are not so susceptible to typhoid fever as adults and that in any lengthy series of cases it pursues a milder course than in adults. He also made a brief allusion to the cerebral symptoms often obscuring the diagnosis on account of the headache, retraction of the head, strabismus, muscular twitchings, etc., closely simulating meningitis. In regard to intestinal antisepsis, Dr. Osler said; No doubt the bacilli were more common in the mesenteric glands than in Peyer's glands, where they are often absent. And besides typhoid, septicemia is not always due to a streptococcus infection, but often to an infection by the bacillus typhosus. He doubted if it was well to make such an emphatic statement as that made by Dr. Woodbridge that "no case of typhoid fever need die." Such a statement might be reasonable in a daily paper, but it is not justifiable coming from a physician. The bacilli live not on the surface of the intestine, but in the tissues, and what good can antiseptics given by the mouth do in this condition? He was a warm advocate of the Brandt method as outlined by Dr. Adams, with the exception that he preferred to have it given by nurses, as residents have not the requisite amount of patience.

Dr. Wm. Pepper of Philadelphia said: The last word concerning the diagnosis of typhoid fever in children has not yet been said. We need more refined methods of diagnosis before we can make it early enough to abort the disease in many cases. He thoroughly agreed with Dr. Adams in his remarks concerning the Brandt system of treatment and believed that any physician who did not give his patients the benefit of it was derelict; and also that the man who applied it routinely, without noting the requirements for medication, is not up in the resources of his profession, for it is decidedly not incompatible with other methods of treatment. Typhoid fever is not simply a local lesion, but a penetrating infection and upon the diet largely depends the degree to which the intestinal lesions may extend. As soon as the suspicion arises that there is a systemic infection, some drug may be given to act as a simple antiseptic and astringent, but be careful you do no harm. He believed that before the time for the use of the Brandt method arrived there is a use for local treatment by diet and agents which act as tonics and generally assist digestion. To say the treatment for typhoid fever is the antiseptic method is wrong and to say it is the Brandt method is also wrong. Rather say it is the treatment which fully appreciates all the necessities of the case, that in short is, avoid dogmatism.

Dr. J. A. Work of Elkhart, Ind., said he was not prepared to treat any case of typhoid fever, either altogether with or without medicines. He believed early and effective elimination to be the key to the treatment.

Dr. George N. Acker of Washington, D. C., said he believed the diagnosis of typhoid fever was often made after the disease is over. He believed more in medicinal treatment than Dr. Adams did. He favored giving salol, sulphuric acid, etc., rather than the Brandt treatment,

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for it is entirely too much of a heart depressant. He also favored having the baths given under the direction of a resident, and believed that the heart was so much depressed by the baths that they should not be given except in the presence of a physician.

Dr. I. E. Atkinson of Baltimore said that in children most cases of typhoid fever were atypical and hence the great difficulty of diagnosis. But as soon as we reach the stage where we can eliminate other diseases and have a continuous fever we can be pretty sure of typhoid, and most mild cases can best be treated by letting them alone and simply nourishing and stimulating the patient. But in adults and when the temperature runs high in children he strongly advises the Brandt method.

Dr. J. A. Larrabee of Louisville, Ky., said he believed the small number of cases of typhoid in children in hospital practice was due to the hygienic surroundings.

Dr. Burr of Chicago urged the early application of the Brandt treatment, as acting by nerve stimulation. He also urged the profession not to treat the temperature as a disease, but to treat the specific poison.

Dr. S. S. Cohen of Philadelphia said he entirely agreed with the sentiment of Dr. Burr and warmly advocated the application of the Brandt method as diminishing the intensity of the cerebral symptoms and doing an immense amount of good, but that he also believed there were many cases in which medication would do a deal of good and believed that between Scylla and Charybdis we could steer a straight course between medication and the Brandt method. He also advocated the giving of alcoholic stimulants before and after the bath.

SECTION ON THE PRACTICE OF MEDICINE.

SECOND DAY, WEDNESDAY, MAY 8.

Dr. Frank S. Parsons read a paper entitled Some Points concerning the Etiology of Tuberculosis, in which he claimed that the germ cause of the disease was quite secondary in its influence and pre-tuberculous condition is necessary for the disease to start. Tuberculosis is more a symptom of lymphatic disturbance than a disease. In looking at the cause of this disease we should not forget the chemical composition of the body.

Dr. De Lancey Rochester of Buffalo then read a paper on Tuberculosis Treatment by the method of Carasso, which is much like the old creosote and alcohol treatment, with the addition of peppermint. Peppermint is inhaled and taken internally. He found that the internal administration was useless and disturbs the digestion, but the inhalation was valuable.

Dr. Delano Ames of Baltimore has used Carasso's method in ninety cases with improvement in two cases which might have been due to other causes. He approved of their inhalation.

Dr. Denison of Denver said that with our present knowledge the climatic treatment was the best.

Dr. Karl Von Ruck believes tuberculosis of the lymphatics preceded tuberculosis of the lungs.

Dr. Parsons of Chicago thought that in catarrh of the stomach which so often accompanied tuberculosis creosote was contraindicated.

Dr. Rochester did not believe in the pre-tuberculous condition, nor did he believe in hereditary tuberculosis. He believes in the gradually increasing doses of creosote and if it disagrees in water it may be given in wine or mucilage.

Dr. Paul Paquin of St. Louis read a paper on the Treatment of Tuberculosis with Horse-Serum Injections. Tuberculosis exists in various regions of the body long before it gives any external symptoms. A patient may suffer pulmonary infection from his own glands rather than from outside sources. We are therefore unable to make a positive diagnosis until after internal organs have become involved for the commencing appearance of bacilli in the sputa is unfortunately not a sign of incipient tuberculosis, but rather of a distinctly progressive grade of the tubercular process. In January of the present year,

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the author reported to the St. Louis Medical Society the results of the treatment of twenty-two cases treated with horse-serum. The patient received one injection below and outside of the scapula daily for an average of two months. All improved and gained in weight, the gain being from one and one-half to twenty pounds in the course of the eight weeks of observation, and all are now living. They represented all grades of the disease from infiltration up to cavity formation, all presented bacilli, and all were distinctly emaciated. Several had had hemorrhages. Of a few additional cases since treated, two had died in from three to five days after the treatment was begun, but they were hopeless when first seen. Absolutely no other treatment had been employed in all the cases. When the serum was stopped they grew worse, but re-improved upon its resumption. The remedy seemed to diminish all the evidences of tubercular activity. Hemorrhages were arrested, appetite improved, cough lessened and the nervous irritability quieted. The remedy also seemed to promise good results in surgical tuberculosis. In one case of knee-joint disease, removal of the diseased structures had been followed by serum injections with good results. As regards the production of the serum, horses were naturally immune to tubercular processes. First of all, an injection is made of some culture media containing the toxines of the bacilli into the jugular vein; when the animal ceases to react to this dead bacilli are injected, and finally living bacilli, when all reaction has subsided, blood is withdrawn from the vein placed on ice, and the serum gradually allowed to separate. It is then filtered and is ready for use.

It has been found that serum from a given animal varies in power after successive withdrawal from the vessels. Hence there is a variation in the effects of serum from the same animal upon patients. After awhile, the animal seems to develop certain toxines during the recuperation from the debilitating effects of the bleedings. Transportation seems to harm the serum, as various germs are apt to develop therein. We must not tap the horse too early after immunization as, under these conditions, the serum dose not seem to possess its maximum curative power. From ten to thirty minims are used for each injections, and camphor has been found to materially assist in keeping the serum in good condition. After the injection it has been observed that the face flushes and gradually becomes purplish for a period of four to five minutes, and a slight chill frequently follows. This dose not always happen, and when it does occur it is probably to be explained by the fact that the needle has been thrust directly into a blood vessel instead of into the cellular tissues. Arthritic pains have been observed especially with patients who have previously been rheumatic. The urine is considerably diminished and albuminuria has been observed in one case.

Dr. Karl von Ruck doubted whether any animal could be regarded as absolutely immune toward tuberculosis. To prove the position taken by Dr. Paquin we ought to kill the animal and make careful pathological and bacteriological examination of its tissues. Our animal experimentation was not yet complete, and there was no proof that the serum had any power on either animals or men. Dr. von Ruck had tried Paquin's serum on guinea-pigs and all had died within forty-eight hours. Granted, moreover, that the serum had effects on the bacilli, it was impossible to remove the results of tissue change which come from the condition of mixed infection, which we so frequently find in ordinary phthisical cases. Insistance should be laid on the importance of early diagnosis from the clinical history and physical signs alone, for when we find bacilli it means that suppuration or tissue degeneration have already occurred. We should use tuberculin for its diagnostic value. The reader of the paper had spoken of the spores of tubercle bacilli. He (Dr. Von Ruck) had never seen them, and moreover it was a matter of doubt whether this variety of germ had really true spores or not.

Dr. DeLancey Rochester of Buffalo called attention to the fact that many

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cases of phthisis recover without any treatment at all, and he could not believe that specific treatment had any place in cases of mixed infections.

Dr. Henry D. Holton of Vermont stated that the serum of the ass would probably be superior to that of the horse, as there was little mortality from phthisis in those countries where the milk of the ass was used. The juice from the muscle of animals in whose muscles no tubercles are found, but who have tubercle elsewhere, has been found to produce the disease; also milk from cows who, though tuberculous, have healthy udders, and no bacilli in their milk.

Dr. Paquin, in closing the discussion, admitted that the serum might occasionally contain some cocci, but that they were not necessarily harmful. The same was the case with Behring's serum and yet everybody used it. As to spores, he believed that he had seen them, as they gave the stain reactions of tubercle bacilli. The blood of asses he had no experience with. Mule serum seemed to be the same as horse serum, but he did not deem it prudent to use it, as the former animals are very subject to a disease resembling rheumatism in man.

Dr. N. S. Davis, Jr., of Chicago, read a paper on A Case of Pulmonary Hypertrophic Osteo-Arthropathy. Cases had been reported. It had to be distinguished from acromegalia. The essential lesion seemed to be chronic multiple osteitis of the terminal phalanges and the ends of the long bones. The cause of the osteitis was probably some poison absorbed from the lungs or pleurae. Cases had also been observed in connection with congenital heart disease, syphilis and spinal caries, but in general the association was with suppurative diseases in the respiration tract.

Some regarded it as an attenuated tuberculosis; others as a trophic nerve affection; still others as due to caries of the spine, while, as above suggested, three cases had been observed in syphilitic disease. No heart or lung disease was evident in these latter, but in the spleen and liver, four cases, bacilli were found. Pulmonary hypertrophic osteo-arthropathy therefore was rather a symptom group and not a disease *per se*. It was probably a toxemia from the respiratory tract. The case was that of a boy aged about four, with cough and periodical expectoration of pus, dating back to a pneumonia one year before. There was an enlargement of the fingers, toes and wrists and curling of the nails. The skin and glands seemed normal and the body was well nourished. There was no kyphosis or scoliosis. On the left side of the chest there was a bulging and immobility in respiration with dullness and displacement of the heart to the right, in fact, all the symptoms of a pleural exudate compressing the lung. It was believed to be prevalent and the purulent sputa were probable periodical drainings off of the exudate through a bronchus. At such times there was fever with the usual pus reaction. The symmetry of the bone and joint lesions was a feature of the disease. In previous cases the urine had been reported as normal. As to a diagnosis from acromegalia, the latter, it should be remembered, was chronic. The enlargement of the fingers was uniform. The kyphosis when present was cervico-dorsal, in the arthropathy dorso-lumbar. The seat of the lesion in acromegalia was the pituitary body, and there were generally visual disturbances.

Dr. S. Solis-Cohen of Philadelphia stated that he had seen two cases which might fairly come under this category. In acromegaly the hand was broadened as a whole while here it seemed lengthened. Kyphosis was frequently present in tuberculosis and with his present knowledge he was inclined to regard the arthropathy merely as an exaggeration of what we commonly see in tubercular disease. The wrist and ankle enlargements are suggestive as in acromegaly; these two joints are not involved. The trophic disturbances apparently led to the development of certain structures at the expense of others, and they were probably due to some pus toxine.

Dr. H. B. Sears of Beaver Dam, Wis., read a paper entitled Measures Calculated to Modify Acute Inflammation of the Respiratory Tract. The majority of deaths in acute respiratory diseases oc-

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cur from excess of its mucous secretions or from heart failure. This is especially true in the case of spare people poorly nourished, whose nutrition was principally at fault, and stout people with more or less cyanosis, rapid pulse and breathing and complaining greatly of thirst. In both there was feeble heart action with a resultant overloading of the veins and capillaries. A great mistake was frequently made in giving too much fluid to these patients. Heart stimulants alone were of limited applicability as we would not over-force a debilitated organ. We should first purge freely so as to relieve vascular overloading and then give heart stimulants. The excess of secretion should be combated by belladonna and turpentine. For a heart stimulant digitalis was useless in high temperature as it was not absorbed. With the plan above outlined anodynes and antipyretics are more rapidly absorbed.

Dr. A. H. Burr of Chicago read a paper on Hydrotherapy in Fevers; its Rationale and Technique; in which he gave a general description of the febrile state, setting forth that the high temperature is the result of a toxic derangement of normal resistance to and normal control of the heat-making apparatus of the body. Too much effort had been made merely to reduce the temperature in febrile conditions. The numerous coal-tar derivatives marked the height of this craze. In the application of the cold bath, we should always bear in mind the physiological action of water. It is a neutral stimulant; it affects the sympathetic nervous system and thereby exercises a direct control over the glandular system; by its reflex action, it had a marked influence upon circulation, respiration, metabolism, elimination and pyrexia. Winternitz has shown that after a cold bath there is increased leucocytosis, increased hemoglobin and increased specific gravity of the blood. Thayer had shown similar results in examining a drop of blood taken from the ear of a patient who had received cold baths. The increased leucocytosis was too marked to be explained by cell proliferation. It was probably due to the fact that the increased circulatory activity swept out into the general current the cells which had become lodged in the various corners of the vascular system. Dr. Burr then exhibited a wooden frame to be placed on the bed for bathing febrile cases. Under the patient was slipped a rubber sheet which had tapes on its sides. These were brought up over the frame and fastened thereto so that a tub was improvised capable of holding twenty gallons of water which after use could easily be syphoned out. The whole apparatus was portable and easily manipulated.

Dr. N. S. Davis, Jr., of Chicago did not believe that bathing shortened the course of fevers but it did lessen danger and made the patient more comfortable. A rise of temperature meant toxic absorption. The so-called typhoid state was found in other diseases than typhoid fever. It meant perverted metabolism and we should remember that we are treating this state rather than one of infection.

Dr. Boylan of Pittsburg, Pa., insisted upon the importance of keeping the skin thoroughly clean in all febrile states and this is one of the good effects of the bath. He declared that death would result in three hours if the respiratory function (so-called) of the skin was completely checked.

Dr. Webster of Chicago doubted the truth of this last statement. Death had ensued in animals whose skins had been coated with a varnish or similar substance, but it had been due to loss of heat. If the varnished animals were enveloped in cotton or their external heat kept up, they did not die.

Dr. Charles G. Stockton of Buffalo heartily endorsed the position taken by the reader of the paper and made a plea for the use of the bath in small communities.

Dr. S. Solis-Cohen thought that any sheet arrangement is disadvantageous in that it brings merely small pools of water in contact with the patient. The good effect of immersion was thereby lost. Dr. Burr's device was doubtless next in utility to a tub.

Dr. F. B. Turck of Chicago believed in baths of water at 95° raised to 115° or

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until there was marked dilatation of the superficial vessels. Then the patient should be rubbed down with ice, and cold water applied in douches with the syphon. In conditions of passive congestion such a procedure would restore the equilibrium of its circulation.

Dr. DeLancey Rochester of Buffalo insisted that the most important thing in bathing was the continuance of gentle friction over the body during the entire immersion. The water was more important as a nerve tonic than as an antipyretic.

Dr. James Tyson of Philadelphia said that most of the cases which had died during his practice under bathing had succumbed to perforation or hemorrhage. He is a firm believer in the bath.

Dr. J. M. Anders of Philadelphia, while an advocate of bathing, believed that there were contra-indications thereto. As soon as intestinal hemorrhage occurred he stopped the bathing for awhile.

Dr. Burr, in closing the discussion, said that he believed that the Brandt method, while not curative in every case, did nevertheless alter the entire aspect of typhoid fever for the better. He believed that the profession in America was culpably negligent in not using it more generally.

Dr. James Tyson of Philadelphia read a paper on the Symptomatology of Irregular or Atypical Gout. His object was to insist upon accuracy in nomenclature. He alluded to the recent views of Garrod and Roberts to the effect that the causative uric acid existed in the blood in the form of a quadriurate of sodium. There was no difficulty in diagnosticating typical frank gout but there was after-trouble with the incomplete form. Among the atypical gouty manifestations noted are dyspepsia, deposits of lithiates in the urine, eczemas, muscular pains, deep seated pain in the tongue, crackling feeling about the cervical spine, pains in the back of the neck and loins, adductions of the thigh and gastrocnemius, also articular pains in the nodosities, headache, pains in the palms of the hands, folliculitis of the nose, scleritis, keratitis, conjunctivitis, asthma, bronchitis, tonsillitis, pharyngitis, dryness of the tongue, also inflammations of the bladder and hemorrhages there. There was also a cerebral gout, characterized by a capriciousness, melancholy, insomnia and changes of temper. He laid especial stress upon the importance of recognizing a possible gouty cause in cases of vesical hemorrhage. He would, in the diagnosis of a suspected case, lay special stress upon the following points: 1. A condition of uricacidemia but it was rarely possible to diagnose uric acid in the urine with the means in the hands of the general practitioner. 2. The supervention of the regular gout on the subsidence of other ailments or alterations between the two clinical conditions. 3. The history of previous gouty attacks. 4. Heredity. 5. A history of exposure to lead poisoning. 6. The general habits and mode of life of the patient. 7. Scanty and highly colored urine. This might also occur in lithemia. 8. Glycosuria. 9. Chronic interstitial nephritis, which was the fatal goal toward which all these other symptoms invariably led. 10. The result of therapeutic agents usuallythought to be of benefit in gout.

MEDICAL PROGRESS.

COAL-TAR.—The use of coal-tar, says Leistikold, in the *American Medico-Surgical Bulletin*, as a substitute for the oil of cade, ol. fagi, or ol. rusci is here advocated, on account of its cheapness and efficiency. Its disagreeable smell is partly covered by putting it up with alcohol and ether, the best formula being 3 parts of coal-tar, 2 parts of alcohol (95 per cent.), and 1 part of sulphuric ether. This is to be applied by means of a brush, and it at once dries on the skin. In 200 cases it caused folliculitis in 12 patients, and systemic symptoms in one. It has marked antipruritic qualities, but can be used only on limited regions. It is indicated in dry eczemas, psoriasis (specially combined with 2 per cent. chrysarobin), prurigo Hebrae, and trichophytosis.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, MAY 25, 1895.

Suits for Services.

It is always a matter of congratulation when the courts decide a question in favor of a physician when that physician has the right on his side; and all in the profession should feel gratified that a few of their kind throw their apathy aside and by standing up for their rights thus establish a precedent which should help all others in the same condition.

In California a physician sent a bill for services rendered and the patient objected to paying the bill, not because it was larger than the number of visits justified, but because in his opinion the visits were too frequently made and were not all necessary.

Lorenzo D. Bulette, Esq., of the Philadelphia Bar, in recording this case in the *International Medical Magazine*, said that the plaintiff had visited and prescribed for the defendant's family sixty-six times, covering a period of thirteen months; and while all these visits were not especially requested by the defendant, they were received, the medicine taken and no objection was made.

As usual in such cases, the objection was not made until the bill was sent. It was maintained by the defendant that only twelve of the visits had been especially requested and there was no evidence that the others were necessary. It was argued for the plaintiff that when a physician undertakes to treat a patient he impliedly contracts to give him reasonable care and attention and if he fails to do so he becomes liable for any damage which may result from negligence.

The highest court of California decided for the plaintiff with little hesitation and said that it was presumed that all the professional visits made were deemed necessary and were properly made. It would be very unfortunate for the sick if the physician were compelled to prove the necessity of each visit before he made it. It is very gratifying to have these questions settled even if it is only a local decision. Physicians are imposed on daily and it is so often their own fault because they do not stand up for their rights but listen to all that twaddle about doing good and dispensing charity and meanwhile the butcher and the baker must be paid.

In Continental countries the physician sends no bills but at the end of each year, each visit or in some instances after each case of illness in a family the patient sends in a sealed envelope the amount which he thinks ought to be paid and the physician never by word or sign shows that the money has been received. No bills are sent and no money is handed by a patient to the physician. That is supposed to smack of the tradesman and in republican countries where lines of rank are so closely drawn the physician is far above the merchant and his mode of doing business must be different. That plan would not do in America, although a compromise between the two ways of remuneration would not be amiss.

The physician should not be paid as a tradesman, for the money given is in so many cases merely a token of appreciation and cannot pay for the saving of a life. If such matters have to be dragged into courts it is well that the physician has the strength to stand up for his rights and get them.

It would be well if medical journals would make it a point to give prominent notice to all judicial decisions involving physicians' rights where such decisions are from high courts and especially where such courts demand respect.

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THE recent decision of the College Association to demand a course extending over four years is probably a wise one. The objections brought against this advance were valid and were not made with the intention of blocking higher medical education.

Nurse and Doctor.

The first class that enjoyed the three years' course has just been graduated and the thought was that if the four years' course were to follow on at once so many of the schools would nominally agree to this and yet virtually make no change in their work because they had not the facilities for giving four years of instruction. Many of the schools simply spread two years' work over three and now if this course were spread over four it would be too thin to cover all.

The decision is a wise one and had few opponents. There should be a course of medicine with an abundance of clinical teaching and personal bedside teaching so that the graduate will know as much as the clever nurse. It is well known that many a nurse with a short course of training in the wards is much better equipped to recognize a disease like typhoid fever than the doctor, who is supposed to be the superior of the nurse in medical knowledge. In comparing the intelligent and observant nurse with the recent graduate the latter suffers in some ways. One is practical and the other theoretical.

The physician, even if he has little or no knowledge of such a disease as typhoid fever, knows the book history, its symptoms and especially its pathology. The nurse, however, knows the disease from beginning to end and in the private family these little points are noticed. The case may present complications which the well educated but inexperienced physician may not recognize and yet the nurse with a short experience will appreciate at once the difficulty and if she be so disposed she may prejudice the family against that physician and his perplexity will become so evident to the family that they will make invidious comparisons.

If a medical course is intended to be made up of four terms of study, called by courtesy years, then it is only fair that clinical instruction should make up a large part of the last half of the course. If the profession of nursing continues to be followed by well educated women of good family and fine breeding, then the physician should be also her equal if not her superior in intellect and knowledge and should never be in such a position that he is made ridiculous before the family. The trained nurse has grown to be a necessity in every sick-room where the saving of trouble is the rule and as the public becomes more and more accustomed to her, so will they grow more and more indispensable.

Of course the old objection will always be made that when a nurse knows too much she may interfere with the physician's orders and take it upon herself to do what has not been ordered. This is hardly true of the conscientious woman who has been properly trained, but it can very easily be conceived that occasions arise when the nurse may have to vary or change the physician's directions and yet not be considered meddling. If our colleges demand a genuine four years' course and give a fair graded curriculum with plenty of clinical work and if at the same time the nurses' training schools turn out a high class of nurses the result must be for the benefit of the sick.

Therefore, let the doctor have a chance and the more bedside work is done the better for physician and patient, and the medical profession will thus be raised to a higher plane.

* * *

NEXT week two important medical societies will hold meetings and from the preliminary programmes excellent papers are promised. To the lay mind it looks as if physicians did little but attend conventions and these two meetings, one in Baltimore and one in Washington, do follow rather close on the heels of the American Medical Association.

Two Important Meetings.

There will be this difference that these two societies which contain a limited number of members and which are very careful of the character of papers read, will pay all attention to work and will have no junketing. The Association of Physicians is probably the most representative body of general practitioners in this country and their transactions published in book form make up a most readable and instructive volume. Unfortunately, these two bodies hold their meetings at exactly the same time and in different cities, so that those desiring to hear both will have to make a choice, but those who select either will hardly regret the time taken.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 18, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		20
Phthisis Pulmonalis		23
Measles	48	
Whooping Cough		
Pseudo-membranous Croup and Diphtheria	6	3
Mumps	2	
Scarlet fever	18	
Varioloid		
Varicella		
Typhoid fever		

The Association of American Physicians will meet in Washington next week. Dr. William Osler is president.

Dr. Harry H. Arthur, formerly resident physician at the Maryland University Free Lying-in Hospital, has removed his office to 1516 West Lexington Street.

Dr. James H. Fore, aged thirty-five years, of Sistersville, W. Va., died last week at the City Hospital. Dr. Fore was graduated at the College of Physicians and Surgeons in 1885. He was resident physician at Baywiew Asylum for a year, and then went to Sistersville.

The physicians of Allegany County, Maryland, have arranged affairs in the Western Maryland Hospital at Cumberland and have elected the following boards: Drs. A. L. Porter, W. F. Twigg, J. M. Spear, C. C. Jacobs, C. Brotemarkle, E. T. Duke, J. V. Twigg, W. W. Wiley, C. H. Brace, W. J. Craigen, M. A. R. F. Carr, H. B. Miller, F. G. Smith, H. W. Hodgson, George H. Carpenter, J. A. Doerner, F. W. Fochtman, C. H. Ohr, W. H. McCormick and J. J. Wilson. The staff will in turn elect a resident physician, the selection to be approved by the home board.

The American Gynecological Society will hold its Twentieth Annual Meeting in Levering Hall, Johns Hopkins University, Baltimore, on May 28, 29, 30, 1895. Physicians are cordially invited to be present. Morning session 9.30 A. M., afternoon session 3 P. M. Address of welcome. Recent Experience in Ureteral Work, by Dr. Howard A. Kelly, Baltimore; Suprapubic Hysterectomy, by Dr. B. F. Baer, Philadelphia; Hysterectomy for Uterine Fibroids, by Dr. S. C. Gordon, Portland, Maine; The Use of Traction and Morcellation for the Removal of Fibroids, by Dr. T. Addis Emmet, New York; Ligation of the Pedicle with Catgut, by Dr. Archibald MacLaren, St. Paul; Abdominal Section for Puerperal Septicemia, by Dr. J. Montgomery Baldy, Philadelphia; The Present Treatment of Uterine Displacements, by Dr. Paul F. Mundé, New York; Alexander's Operation, by Dr. Clement Cleveland, New York; My Experience with Ventro-fixation and Alexander's Operation, by Dr. A. Lapthorn Smith, Montreal. President's Address. Renal Insufficiency in Gynecological Cases, by Dr. James H. Etheridge, Chicago; Total Extirpation of the Uterus, by Dr. Charles Jacobs, Brussels; Vaginal Hysterectomy for Conditions other than Suppuration and Malignant Disease, by Dr. Ernest W. Cushing, Boston; Vaginal Hysterectomy for Uterine Myomata and Disease of the Adnexa, by Dr. William H. Wathen, Louisville; Specimens Removed by Vaginal and Abdominal Hysterectomy, by Dr. R. Stansbury Sutton, Pittsburgh; The Treatment of Puerperal Eclampsia, by Dr. Thaddeus A. Reamy, Cincinnati; The Prophylaxis and Treatment of Eclampsia, by Dr. Edward P. Davis, Philadelphia; Deep Incision of the Parturient Cervix for Rapid Delivery, by Dr. J. Clifton Edgar, New York; Trachoma of the Female Genito-urinary Tract, by Dr. Arthur W. Johnstone, Cincinnati; Conservative Surgical Treatment of Septic Pelvic Disease, by Dr. Fernand Henrotin, Chicago; The Ultimate Results of Trachelorrhaphy, by Dr. Willis E. Ford, Utica; True Pelvic Cellulitis, by Dr. Ely Van de Warker, Syracuse; Prevention of Uterine Disease due to Childbearing, by Dr. W. Gill Wylie, New York; Deciduoma Malignum, by Dr. J. Whitridge Williams, Baltimore; The Value of Gauze Drainage, by Dr. Henry C. Coe, New York; Symphysiotomy in Canada and the United States, by Dr. Robert P. Harris, Philadelphia; Late Infection in the Puerperal State, by Dr. Egbert H. Grandin, New York; Artificial Abortion, by Dr. Henry J. Garrigues, of New York; In Memoriam—Dr. William Goodell, by Dr. Barton C. Hirst, Philadelphia.

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WASHINGTON NOTES.

The Medical Society of the District of Columbia held its regular weekly meeting on Wednesday, May 15. Dr. Bedford Brown of Alexandria, Va., read a paper entitled Non-Infectious Membranous Laryngitis; Its Prevention and Medical Treatment. It was discussed by Drs. Lovejoy, T. C. Smith, J. K. Bryan, Morgan, Stone and others. Dr. C. H. Stowell read a paper on Neuralgia of the Throat. This paper was discussed by Drs. Bryan and Magruder. Dr. J. T. Kelley presented specimens of: (1) Stone removed from the Bladder by Laparotomy. (2) Fibroid Tumor of the Uterus with Pelvic Abscess and Abscess of the Appendix Vermiformis.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday, May 17. Vice President, Dr. S. S. Adams, in the chair. The visitors of the Society were Dr. Meade of the State of Washington, Dr. Combe of Portland, Oregon, and Dr. Wallace Johnson of this city. Dr. Jos. Taber Johnson presented the specimens of Diseased Ovaries, removed from a woman who had been an invalid for eight years. He also presented the interesting specimen of a Tubal Pregnancy, the tube being unruptured and the fetus being of one and a half month's gestation. Dr. H. L. E. Johnson presented several interesting specimens. (1) Diseased Tubes; (2) a large Ovarian Cyst, where pregnancy also existed. The tumor was wedged down below the uterus, making it practically impossible for delivery to take place and on account of its position it would have been difficult to remove it by laparotomy on account of the uterus being in the way. After consultation, it was decided to induce premature labor and remove the tumor afterward, which was done very successfully. (3) An Ovarian Cyst. In this case there was blindness of the right eye and she had been treated by several oculists. The sight of this eye returned after the operation was performed, being a good illustration of hysterical amaurosis. Dr. J. Taber Johnson mentioned a case where reflex amaurosis from the ovary existed, but the sight was not restored by the operation of removing the ovary. The essay of the evening on Criminal Abortion, by Dr. J. Foster Scott, could not be read on account of the lateness of the hour.

A new Society of Ophthalmology and Otology has been incorporated by Drs. Wm. V. Marmion, Francis B. Loring, Stephen O. Richey and Anton Coe. The number of directors for the first year is limited to three.

The Providence Hospital, The Washington Asylum Hospital, The Sibley Memorial Hospital, The Children's Hospital, for children under twelve years of age, The Eastern Dispensary, The Garfield Hospital and the Freedmans' Hospital are all anxious to receive emergency cases and have petitioned the Commissioners of the District to district the city, so that accidents occurring in certain districts will be sent to their respective hospitals. It is said that the Commissioners will do this at an early date. This will tend to largely reduce the number of emergency cases that have been treated so successfully at the Emergency Hospital for so long a time. The appointment of physicians to the poor will take place on December 1 next.

PUBLIC SERVICE.

UNITED STATES ARMY.

Week ending May 20, 1895.

Captain Charles Richard, Assistant Surgeon, will when relieved from duty at the Military Prison, Fort Leavenworth, Kansas, proceed to and take station at St. Louis, Missouri, for duty as Attending Surgeon and Examiner of Recruits.

Captain Peter R. Egan, Assistant Surgeon, is relieved from duty at Fort Custer, Montana, and ordered to Fort Assinniboine, Montana, for duty, relieving Major Charles B. Byrne, Assistant Surgeon. Major Byrne on being thus relieved is ordered to Fort Snelling, Minn., for duty.

Major William C. Shannon, Surgeon, upon the expiration of his present leave, is ordered to Fort Custer for duty.

First Lieuteuant Deane C. Howard, Assisttant Surgeon, will be relieved from duty at Fort Snelling, Minn., upon the arrival there of Major Charles B. Byrne, Surgeon, and will then proceed to Fort Custer, Montana, and report for duty at that post.

Captain Alonzo R. Chapin, Assistant Surgeon, having been found by an Army Retiring Board incapacitated for active service on account of disability incident to the service, is by direction of the President retired from active service this date, May 10, 1895.

Leave of absence for four months, to take effect on being relieved from duty at Fort Thomas, Kentucky, is granted Captain William J. Wakeman, Assistant Surgeon, United States Army.

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UNITED STATES NAVY.

Week ending May 18, 1895.

Assistant Surgeon L. L. Young to examination for promotion.

Passed Assistant Surgeon F. W. Olcott from the "Constellation," and to the "Enterprise."

BOOK REVIEWS.

LECTURES ON THE DIAGNOSIS OF ABDOMINAL TUMORS, by William Osler, M. D., Professor of Medicine, Johns Hopkins University; Physician-in-Chief, Johns Hopkins Hospital, Baltimore. Reprint from the *New York Medical Journal*, 1894. New York: D. Appleton & Company, 1895.

These lectures are from the pen of a keen observer and skilled diagnostician and the modest exterior of the little work hardly prepares one for the rich store of material within. Not only are the case-histories worthy of a thorough perusal, but the writer's deductions from each group of cases will be of great aid to the practitioner. This method of instruction will recommend itself to post-graduate students and will call to memory the famous practical courses in Vienna. Dr. Osler has produced a volume of lectures which should be brought more prominently to the physician's attention and which in their present form as reprints from a medical journal in small print do not come before the profession clad in the best garment. One point of instruction which is more interesting to the physician than to the patient is that many of the cases herein noted came to the post-mortem table and the diagnoses were in most instances confirmed or corrected. The photographic illustrations and drawings are very clear and well executed.

A BOOK OF DETACHABLE DIET LISTS. Compiled by Jerome B. Thomas, A. B., M. D., Visiting Physician to the Home for Friendless Women and Children, etc. Philadelphia: W. B. Saunders, 1895. Price, $1.50.

These are much like a small pad of diet tables published several years ago by a prominent drug firm and like the original are of great service in the sick-room. While probably no physician will give a diet list unchanged and uncorrected to suit his particular skill, these will give useful hints and serve to fix the directions in the mind of the nurse. It is a question whether it is well to print in the directions the names of certain proprietary foods.

CURRENT EDITORIAL COMMENT.

LATINIZED PRESCRIPTIONS.

Kansas Medical Journal.

WE can hardly understand why a Latin word should be more difficult to read than English, written by the same hand, especially to those who are supposed to be familiar with Latin terms. Druggists, as a rule, are more familiar with the Latin names of drugs than with the common names.

DEATH AS IT IS.

New York State Medical Reporter.

NINETY-NINE of every hundred human beings are unconscious several hours before death comes to them. All the majesty of the intellect, the tender beauty of thought or sympathy or charity, the love for those for whom love has filled all waking thoughts, disappear. A merciful unconsciousness sets in, as the mysterious force we call life slowly takes leave of the body. And what is has become what was. This is death.

CONSENT IN OPERATION.

Medical and Surgical Reporter.

LEGALLY considered, to justify a surgical operation upon a married woman, her consent and not that of her husband is necessary. A married woman cannot be compelled to submit to an operation; but if she voluntarily submit to its performance her consent will be presumed, unless she was the victim of fraudulent misrepresentation. Even if the disease resulting in death was caused by the operation, the surgeon is not liable if he performed the operation with the patient's consent, in a careful and skillful manner.

NERVOUS CHILDREN.

Archives of Pediatrics.

THE increasing tendency to nervous disease observed in recent years is becoming a subject of interest to workers in every department of medicine. This is especially true in pediatrics. The high tension of modern life is not felt by adults alone. Children and even infants are affected directly and indirectly by the same influences which generate nervous disorders in their elders. In addition to the necessary mental and nervous burdens which children must share in common with all members of modern society, numerous unnecessary burdens are thrust upon them. Never before has so much attention been devoted to childhood.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 7. BALTIMORE, JUNE 1, 1895. WHOLE No. 740

ORIGINAL ARTICLES.

A CASE OF NEURO-SARCOMA. PSEUDO-HYPERTROPHIC PARALYSIS.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., MARCH 19, 1894.

By Louis Mackall, Jr., M. D.,
Washington, D. C.

BARRY S, aged 12 years, white, was delivered at birth with instruments. His brother, the only other child, aged 8 years, died in 1893 of dysentery. His father and mother are quite healthy and robust people. When he was 6 years old he had a fall from a high wall and complained of his side troubling him for sometime afterwards. When he was 8 years old he struck his head against an iron projection, cutting the scalp and leaving a scar on top of his head.

About March, 1892, he began to throw up his food occasionally without much nausea. Prior to this time he had not been looking well and spoke nervously and quickly, as though he was under a strain. He commenced about April, 1892, to have some headache over his eyes, he saw double and staggered some. In June he was quite weak in his powers of locomotion and wished to lie down most of the day.

My father, under whose care he was, ordered him North for his general health. He was told by the doctors who treated him in Massachusetts that he had some gastric trouble. While away he improved somewhat and could walk a little better. In September he began to have spells of vomiting, fainting, and numbness in his left hand and foot. His left eye was almost sightless. He now commenced to call things by their wrong names. All of these symptoms would disappear if his bowels were kept well open. In October, 1892, he came back to Washington and was so weak he had to go to bed again. My father diagnosed a tumor of the brain and put him on an alterative plan of treatment and suggested that an oculist should be called to examine his eyes. He was now examined by a prominent Washington oculist, who said he had optic atrophy in both eyes, more pronounced in the left eye. Subsequently to this, he was examined by Dr. Wilmer and myself; I believe that we both reported that he had an optic neuritis.

In June and July, 1893, he was better and was able to be dressed and sat up in a chair; fever all gone. He had to go back to bed in August. At times he would now have severe gastric crises in which it would appear that he was about to die, but would be relieved by doses of calomel. He began to suffer much with spells of vertigo and there is some history given of some convulsive movements but he had no pronounced convulsions thoughout his disease.

In September one of Philadelphia's most celebrated physicians saw him in consultation. He advised that the alterative plan of treatment should be

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continued, but would not commit himself as to the diagnosis. He was quite strong in his right arm and hand up to six months before his death, when he lost the use of them both after a slight fever. Dr. Keen saw him in May, 1894. He confirmed the diagnosis of a tumor and said that he would advise that the same treatment should be continued. He advised against an operation. The patient lay in bed from August, 1893, to the time of his death, with his face turned, lying on his left ear and unable to move his head. During this time he was quite deaf in his right ear. His mind was clear throughout his sickness. He died June 23, 1894.

On June 24, 1894, Dr. Butler and myself held a post-mortem examination of his brain, and found this tumor (about the size of a large hen's egg) that I now present to the Society, lying in a nest, so to speak, formed by pressure on the cerebellum. It was almost entirely free, without any pedicle, being bound in by a few strands of nervous tissue; there was no hardening or induration of the brain tissues contiguous to the tumor. The brain seemed somewhat larger and heavier than normal. It was not weighed. But with these exceptions we found nothing abnormal. Dr. Balloch has made a microscopical examination of the tumor for me and found it to be a round cell neuro-sarcoma.

PSEUDO-HYPERTROPHIC PARALYSIS.

Robert Cropley, aged 13 years, white, is one of five out of a family of eleven children living. Most of those children that died, died of some spinal trouble, the exact nature of which I have been unable to find out. His mother died of consumption. His father is quite an athlete and as well developed a man as I have ever seen. All of his brothers and sisters are healthy and robust children.

Patient had a window fall across the small of his back when two years old, while fishing out of a window. He had scarlatina when he was four years old. He has had a chronic otitis ever since. His present trouble was first noticed when he commenced to walk, which he was backward in doing. I saw him about one year ago for the first time, when he could walk somewhat better; at that time he could manage to get upstairs by himself and he did not have such a characteristic waddling gait of the disease. His back was not quite so much bowed while standing, as at present. With these exceptions he has not altered much.

At first glance at him he appears quite robust, having quite a ruddy complexion. He as yet has complete power of movement of his arms, but is rather awkward with them and can not make movements against much resistance. His calves look large and would give the appearance of being strong but when you feel them they are soft and flabby. He measures eleven inches around calf. His other muscles, from what I can learn from the family, have never appeared much larger than at present. They are all small, weak and soft. He has a well-developed bony frame. The mechanical reflex of the muscles, the contraction obtained by percussion, is abolished. The knee jerk and tendon reflexes are absent. The myotatic irritability is everywhere minus. Sensation as to touch, temperature and pain is about normal. He has complete control of his bladder and rectum. He does not complain of anything. He eats and sleeps well. He has to be carried upstairs owing to weakness of the extensors of the knee and hip. He stands with his feet wide apart, his shoulders thrown back and his abdomen forward, producing a lordosis of the spine. This curvature is not due to weakness of his trunk muscles, but to that of the extensors of his hip, in consequence of which the pelvis is inclined forwards, carrying with it the lumbar vertebra, therefore necessitating him to hold back the upper part of his body in order that he may keep the center of gravity of his body over his feet.

When he sits down he has no longer any curvature because the pelvis is supported by his ischial tuberosities. The defect in the extensors of his hips gives him also the peculiar oscillating, waddling gait. He inclines his body so as

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to bring the center of gravity upon each foot upon which he throws his weight. Gowers explains this by saying that the gluteus medius is so weak that it cannot counteract the inclination towards the leg that is off the ground unless the balance is exact. Watch him as he rises from the floor. He has not sufficient power to extend his knees when the weight is on the upper extremity of his femur, so he rolls over on his abdomen and plants his toes firmly against the floor and gets on all fours and puts his hands, one after the other, with a quick jerk on the knees and thighs and pushes his trunk upwards. Gowers describes this process as climbing up on his own legs. He goes through the reverse process as he lies down.

There is very little known as to the etiology of these cases. The disease according to Gowers was first described by Sir Charles Bell in 1830. The disease depends upon a defective tendency of development of the germinal tissue which forms the muscles. Pseudo-hypertrophic paralysis begins in late infancy. The patients generally at first complain of tiring easily and of weak legs. Males are certainly more generally affected than females. It generally occurs about five times more frequently in males than females. Gowers claims that in the latter the malady is slighter in degree and later in development. It generally affects families in groups. Meron relates the histories of eight brothers that suffered and died with this disease and all of the sisters escaped. Gowers also records an instance in which he treated four sons thus affected and where all of the daughters escaped. The disease is transmitted through the women, though they themselves escape. Gowers says that neither the age of the parents nor their intemperance are at all influential as to the cause.

As to the prognosis, it is generally admitted by all authorities that nothing can be done for these cases. Gowers says that it is only when the disease develops late and the symptoms do not become pronounced until after twenty years of age that there is a possibility of the disease not attaining its ultimate degree. The duration is generally about from seven to ten years. The duration of my case without pronounced bad effect on his general strength has been longer than usual.

Treatment for all of the forms of muscular atrophies seems to be entirely useless. Erb and Miles deny that treatment by any form of electricity is beneficial. All authorities recommend massage and muscular exertion, but as my little friend is not in affluent circumstances he has not been able to have any benefit from such treatment. I have given him nux vomica, arsenic and other tonics without any effect as usual. If you can suggest anything that will do him any good, I will give it a trial.

SO-CALLED SYPHILITIC STRICTURE OF THE RECTUM.—Hartmann and Toupet (*British Medical Journal*) admit that some cases of so-called syphilitic stricture of the rectum are directly dependent on a local syphilitic or tuberculous lesion. More often they are caused by a cicatrising rectitis, in which case the syphilis, if it exists at all, only acts by allowing the infectious process to penetrate the mucosa. The radical cure, by excision of the stricture, may be successful in congenital strictures or where there is a cicatricial band but, excluding these, in nineteen cases of the authors no complete recovery followed the operation. In all cases a rectal discharge remained, and generally there was a tendency to recurrence. The latter is easily explained by the persistence of the rectitis.

* * *

PIGMENTATION IN AMENORRHEA.—Lawrence (*Medical and Surgical Reporter*) reports the case of a girl suffering from amenorrhea with pigmentation. This became so marked as to suggest Addison's disease. She was treated with wine of iron, 1 drachm, and Fowler's solution of arsenic twice daily, burgundy in moderation, careful diet, the addition of milk, and her life regulated in accordance with general hygienic principles.

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CARE OF THE EYES IN INFANTS AND CHILDREN.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AT ITS NINETY-SEVENTH ANNUAL SESSION, APRIL 23-27, 1895.

By George A. Fleming, M. D.,
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SOME one has said "that only what is understood will be interesting, and only that which is interesting will be remembered," so it is with the hope that this subject may be of interest to all of you that this article is brought before you today.

Sight is without doubt the most valuable of the senses except the general sense of touch. The man who loses the sense of smell or the sense of taste may regret the loss keenly, but it deprives him of only one form of pleasure and contracts to only a limited extent his usefulness or ability. Even the deaf man continues to get along very well by other means of communication with his fellow-men, and though he has lost one of the means of his happiness, can be contented and almost as efficient as ever. But the blind man is not merely cut off from enjoyment of the keenest character, but is almost as helpless as if he had lost all the other special senses together. Yet, partial or complete blindness is far from rare. This results more frequently from the complexity of the organ of sight and the delicacy of its mechanism than from any inherent defects. The eye as an optical instrument is very defective; as an organ of vision it is a marvel of marvels. Within the narrow space of the globe of the eye are included a series of the most delicate organs, and it is scarcely wonderful that these are liable to serious derangement from various causes, some well understood but some so indefinite that no tenable theory has yet been proposed to explain them. The number of blind persons in every civilized community is exceedingly large; and of the total number of the blind, the loss of sight dates in a very considerable proportion of cases from the first few days or weeks of life, or, as is often erroneously said, from birth.

Of the persons who are commonly said to have been blind from birth, the enormous majority, probably at least ninety-nine out of every hundred, would bring with them into the world eyes as good and useful as those of their neighbors. The causes of infantile blindness are more frequently to be found in carelessness and ignorance than in all possible injuries and diseases put together; and the carelessness and the ignorance are displayed, most frequently, in the neglect of proper precautions about light, cleanliness and temperature. It has been known from the earliest times, and has been abundantly confirmed by recent experience, that exposure to intense or dazzling light may not only produce temporary or permanent diminution of the sensibility of the retina, but that it may also partially or completely destroy the power of vision. The eyes of infants are at least as sensitive to light as those of adults, possibly even more sensitive; and they are far less protected against it. From the imperfect development of the bones of the infant skull the eyes are placed, so to speak, on the surface instead of in the hollows; the eyebrows and eyelashes are short, thin and pale, the eyelids are almost transparent, and the irides are imperfectly furnished with opaque pigment. In the first weeks of life, moreover, infants are unable to shelter themselves from dazzling light by changing the position of the head. The importance of these several conditions should be more considered by parents and nurses, with reference to the regulation of the light which is admitted to the cradle, than seems usually to be the case. We find only too often that an infant is placed close to a window in

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the full light of day, and even with the sun shining directly upon its face. This should never be permitted, although there is no reason for falling into the opposite error of covering the face so as to impede the access of fresh air, or of keeping the room so dark as to render the eyes preternaturally sensitive.

Next after the precautions which are essential to the maintenance of life, the cleansing of the eyes of the new-born should receive early and careful attention. This cleansing should be finished before any attempt is made to wash the head or body, and it should be performed with simple warm water, using for the purpose pieces of absorbent cotton or soft linen, or a fine, soft sponge first carefully scalded and purified. The water employed should be contained in a convenient basin, in which no part of the infant should be dipped, and the not uncommon practice of placing the infant in the bath, and then of washing the eyes, first, indeed, in point of time, but with the water of the bath in which the body is already immersed, cannot be too strongly condemned. The eyes should be completely cleansed and dried before any other cleansing is commenced, and they should not again be touched until the next period of washing, which should be performed in the same manner as at first, so as to prevent the possibility of injury from soap or any other irritant. The prompt washing of the eyes has the important advantage of speedily removing any hurtful matters which may have come in contact with them ; so that the smarting or discomfort thus occasioned, as well as the possible danger, if not entirely relieved or obviated, will at least be greatly diminished. The best liquid for the purpose, always, is simple warm water. Impure air may affect the eyes of infants injuriously. The foulness due to overcrowding, and the vapor produced by the washing of clothing, may often be loaded with particles of noxious matter, which may thus be conveyed into the eyes as readily as into the lungs. Exposure to cold in any way may have an injurious effect upon the eyes.

As to that greatest of all dangers to the eyes of infants, purulent ophthalmia, which may occur, notwithstanding the greatest care ; so much has been written of late, that it is hardly necessary to go into details as to its treatment, etc., except to urge absolute cleanliness.

The writer has lately had under his care two cases of this serious trouble in both of which hourly douches of a gentle stream of pure warm water, from a fountain syringe, having just above the level of the baby's head, were used. One of these is perfectly cured and the other is already very much improved no other treatment was allowed.

We should never forget that this disease is the chief cause of blindness in infancy, and that a short period of neglect or of unskillful management may lead to partial or complete destruction of the cornea, escape of some of the contents of the eyeball, and subsequent wasting or other deformity. It is to be hoped that now that we have a State Law in Maryland for the protection of the little sufferers from the ravages of this terrible disease, we may some day have the help of the authorities in enforcing the same. When the period of infancy is passed, and as soon as children begin to employ their eyes intelligently about surrounding objects, the time has arrived when the character of the visual function should be made the subject of observation. It is well known that the differences that exist among adults, in respect to the distance, the acuteness and the duration of vision are exceedingly great. One person, who reads the finest print near to the eyes, will scarcely recognize friends when they are two or three yards away ; while another, who can see the hands of a tower clock half a mile off, may require spectacles in order to read at all. One person can read, write or otherwise apply the eyes to near objects for fifteen hours or more daily without inconvenience ; while another cannot work in a similar manner for as much as a single hour. There are even many in whom the eyes present no trace of disease, but who have not acute vision at any distance.

The powers of the eyes, like those of the other senses, are capable of being wonderfully improved by judicious use and

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cultivation, and of being impaired by the operation of various adverse influences. A delicately organized system may break down under a kind or an amount of labor which would call forth and develop the strength of the strong. Parents are too much accustomed to think of and to treat children as if they were born with eyes of similar formation and endurance; and this error is productive of many evils, which begin to show themselves about the time when systematic instruction is commenced. Such evils are especially produced in cases of ordinary myopia, hypermetropia or astigmatism; for these departures from the natural shape and proportions of the eyeball do not declare themselves, to the perception of unskilled people, with the same readiness as the varieties of imperfect vision which depend upon cloudiness of any of the refractive media, upon absence of pigment, or upon other conspicuous defect. When any of the latter are present, the behavior of the children with reference to small objects is generally sufficiently declared to excite, even in the minds of the unobservant, some suspicion of the truth. In children with hypermetrophic eyes squinting is very frequently produced, and will be of the convergent or in-turned variety. It is especially prone to occur when there is any other cause of imperfection of sight, as from slight cloudiness of the cornea left behind by inflammation; and the tendency to deviation inwards may be much promoted by very small playthings, which are necessarily brought close to the face. The tendency is still more promoted, if such things are played with in a dim light, or if the child is taken but little into the open air, where he has a wider field of vision, or if, when there, he is not induced to look about him at distant objects.

The cutting out of small figures from pictures, and the putting together of fine dissected puzzles, are in the same way disadvantageous; and it is better to give hypermetrophic children amusements which do not call upon their eyes for any great amount of accommodation. Outdoor pursuits and exercises, skipping, building with wooden blocks or bricks, games with balls, and the direction of the attention to natural objects, are all especially recommended. The majority of the myopic are to be found, without doubt, among the dwellers in towns and among the more educated classes. This depends upon the fact that the occupations, especially in childhood, exert a great influence upon the development of the higher grades of this affection. The lesser grades constantly pass undetected by common observation, and the eyes in which they might be discovered are supposed to be natural. In circumstances which early promote the application of the eyes to near objects we find a conspicuously large number of children who, even at the age when they begin to learn to read and write, are already more or less shortsighted. It would appear that their eyes are not only naturally somewhat larger than normal ones, but that they are also enclosed in weaker and more distensible tunics, so that, under the same conditions which promote the occurrence of squint in the farsighted, they undergo a gradual stretching at the posterior pole, and a consequent elongation in the direction of the axis. It is more than probable that the deviation of such eyes from the normal form would not occur in so great a degree, if their gaze were not habitually directed to near objects; and also, as the firmness of the tunics increases with the increasing strength of the body, that more delay in the application of the eyes to near work would be decidedly advantageous. It is certainly wrong to teach children to read and write at such an age as five and even four years, and yet how often do we see it attempted. The premature acquisition of these merely mechanical powers is of no real advantage; especially when they are to be obtained only at the cost of some imperfection of development, either in the body as a whole or in some single organ.

The nearest approach that we now have to a typical plan of education for the little ones is the kindergarten, which was founded by Froebel many years ago, and is now being tried in all of our

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large cities, and even in the smaller towns and villages. The general idea of this system, as stated by Froebel, is "the education of children by a genial training of their spontaneous playful activities to the production of order and beauty within the humble sphere of childish fancy and affection."

It has been my pleasure lately to visit quite a number of these child-gardens, and I was especially struck with the happy absorption of the teachers in the children; their sympathy with them; the utter companionship between them. It is remarkable how rapidly these little ones learn, and how much they enjoy the many games and various forms of work assigned them. But here, the question of the care of the eyesight of these little ones, many of them as young as three and four years of age, assumes, I think, a very serious aspect. Many of these kindergartens are held in the basements of churches and other buildings, where the light at best is very poor, often compelling the use of gas and even lamp light at mid-day. The air is often anything but pure, and the general sanitary condition unfavorable, while many of the games played and duties done are especially trying to even the best of eyes, or bodies.

I have seen little tots of three years, working with colored thread and worsted on finely perforated card-board, making the most complicated pictures of flowers, animals, and even maps and the like; while others were engaged in putting together the most intricate puzzles of every sort. Some of the children were engaged in weaving, with fine colored straw, many different designs and figures, in beautiful patterns. Examples of all of these different forms of work can now be seen, by anyone interested, in the beautiful exhibit of the different kindergartens of the country, which were on exhibition at the World's Fair at Chicago, and have lately been secured by the Johns Hopkins University and are now beautifully mounted for inspection in one of the hospital buildings. Of course these children are only kept at this work for a short time each day, but still, is not even this short strain on the accommodation apt to cause serious trouble later on? Many of the children now wearing glasses are the victims, not of necessity, but of either their own or some other's violation of now well understood laws.

Is it not time then that we as physicians should come to feel the urgent need on the part of the community in general of a more intelligent and conservative use of the eyes in childhood? It would be a great point gained if the fact were generally known, and recognized, that disease of the eyes, as of every other part of the body, is mainly due to transgression; that health is the normal condition; that disease is of God only as He has so arranged things that penalty follows disobedience, whether moral or physical.

PREGNANCY WITH UNRUPTURED HYMEN.—Guérard (*British Medical Journal*) relates three new cases of pregnancy in which the hymen was persistent. In the first and second there was a protracted second stage due to the resistance of the hymen, which was perfect and very elastic. After a crucial incision the fetus was at once delivered, but in one case the child was lost. In the third case the patient appeared to be in the seventh month of her first pregnancy, and suffered from severe pain in the genital tract. Although she had twice been operated on for atresia of the hymen, the vagina was still closed by a firm, impermeable, and tender membrane. This was excised, the pains disappeared and the pregnancy continued and ended naturally. Guérard notes a case of bifenestrated hymen where the openings barely admitted a hair; yet the patient reached the third month of pregnancy, and abortion was induced in a manner which could not be ascertained. In considering these cases, he notes how the alkaline uterine mucus, poured out during orgasm, protects the spermatozoa from destruction by vaginal mucus.

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SOCIETY REPORTS.

THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD MARCH 19, 1895.

Dr. Clarke presented a specimen of cancer of the stomach, probably scirrhus. The specimen was referred to the committee on microscopy and pathology for examination.

Dr. Glazebrook presented specimens of hepatic calculi, about 30 in number, taken from one gall bladder. Post mortem examination. Also a specimen of aortic valve disease in which calcareous deposit on the valves was beautifully shown; death was sudden, and in making the autopsy it was found that besides the heart disease the subject was affected with an extensive inguinal hernia, all of the intestines being down in the immense scrotum, except the duodenum and rectum.

Dr. Mackall presented a specimen of NEURO-SARCOMA OF THE BRAIN, accompanied by a descriptive paper. (See page 121).

Dr. Cole said that when he was notified of the fact that he was to open the discussion on Dr. Mackall's paper he did not know it treated of a tumor of the brain, and he was hardly prepared to discuss the subject of brain tumors. In looking up the subject of neuro-sarcoma he met with no mention of brain sarcoma, but supposed that had he read the subject of brain tumors he would have come across some cases. Until recently the existence of such tumors in the brain was disputed.

Dr. Mackall said that the tumor was located immediately under the cerebellum and was supposed to be a glioma by the physicians who examined the patient.

Dr. Wilmer, who examined the patient's eyes, found complete optic atrophy from pressure, and thought the tumor a glioma on account of its history and rapid development.

Dr. Bowen said that Dr. Mackall should be congratulated on account of his successful diagnosis of the case.

Dr. Clarke said that a group of symptoms such as gastric crises, headache, vertigo and optic atrophy were pretty certain indications of brain tumor. Enlargement of the pituitary body could be sufficient to cause such symptoms. In cerebellar tumors motion is more to one side than the other, so that patients go around instead of in a straight direction.

Dr. Mackall read a paper entitled PSEUDO-HYPERTROPHIC PARALYSIS. — (See page 121.)

Dr. Clarke opened the discussion; he said that everything known about this condition was very concisely stated by Dr. Mackall. Males seem to be affected nearly exclusively even in progressive muscular atrophy. Probably infiltration of fat is the first step in the atrophic change.

Dr. Wellington said that when he was the resident physician at the Children's Hospital, three cases were under treatment for this disease, all boys, two colored brothers, and one white boy. They came to the hospital to be circumcised and this condition was discovered on physical examination. The boys were not bright mentally ; no treatment availed.

Dr. Mackall presented Master Cropley, the patient whose case had formed the subject of his paper. The lad was examined by the members. Dr. Mackall stated that this affection was noticed when the boy was two years old, and before the accidental injury of his back.

Dr. Kelley read a paper entitled PUS IN THE PELVIS.

Dr. Deale being absent, Dr. Stone was requested by the chair to open the discussion. He said that every woman in the land ought to pray for J. Marion Sims, who was the pioneer in work that has given more relief to their sex than that of any other operator known up to the present day. Catheterization of the Fallopian tubes, if practicable, might be a good thing. Gynecologists who operate to make records are not to be countenanced.

Dr. Bowen said that Dr. Kelley had enjoyed a large experience with this class of cases, and he would like to inquire of him if he knew of cases of pelvic abscess opened through the vaginal wall that

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did not heal, but continued to run; this seemed to be the greatest objection to this operation.

Dr. Mackall said that openings in the vaginal wall made to relieve collections of pus in the pelvis, if not healed at the end of two months, should be followed by laparotomy.

Dr. Van Rensselaer said that the operation of opening the vagina to liberate collections of pus in the pelvis is a rational procedure. If patients are watched this is safe. If the abscesses are multilocular, it may of course be insufficient.

Dr. Glazebrook asked how long it was safe to wait in a case of pyosalpinx; until the abscess points through the vagina? Are we not justified in performing celiotomy as soon as our diagnosis is positive?

Dr. Baker related the history of a case of pelvic cellulitis occurring four weeks after miscarriage. A soft mass was found to the right of the uterus, this was aspirated through the vagina, about two teaspoonfuls of pus withdrawn, immediate improvement was noted, and recovery followed.

Dr. Sprigg related the history of a case he saw at the Garfield Hospital; a pelvic abscess had been punctured through the vagina to the right of the cervix five years previously, and a sinus existed through which a probe could be introduced for six inches. The cavity was frequently washed out in carbolized and bichloride solutions, but no improvement in the condition followed. Another case was one in which a pelvic abscess had ruptured through the vagina. The patient had sustained a fall and dislocated her spleen, which was found in the right iliac region.

Dr. Mackall said that Sutton of London, who was a diagnostician of great repute, mistook several cases of extra-uterine pregnancy for pelvic abscesses.

Dr. Sprigg said that packing the uterus after curetting and allowing it to remain for twenty-four hours might prove dangerous, as it does not drain, and reabsorption of pus might take place.

Dr. Clarke cited a case in which one could milk the Fallopian tubes towards the uterus into which pus would be discharged and find its way down into the vagina.

Dr. Kelley closed the discussion by considering the numerous inquiries in the following order: 1st. Do sinuses remain after opening abscesses through the vagina? He did not open a great many at Columbia Hospital; one or two cases in which the pain and other symptoms were not relieved by such a puncture and laparotomy had to be done are fresh in his mind, but he had no experience with cases in which sinuses remained after vaginal puncture. 2nd. In regard to Dr. Mackall's fear of one waiting too long before operating, he did not think we should wait too long. A patient's pulse and temperature should be watched and laparotomy done if necessary; you do not lose anything by waiting in this manner. He did not see how extra-uterine pregnancy could be mistaken for pelvic abscess. 3rd. In regard to how long we should wait for pointing of a pelvic abscess. We can afford to wait if watchfulness be observed; we must keep our patients quiet and in bed even after the temperature had reached the normal degree.

R. T. HOLDEN, M. D.,
Secretary.

AMERICAN MEDICAL ASSOCIATION.

SECTION ON SURGERY AND ANATOMY.

SECOND DAY, WEDNESDAY, MAY 8.

Dr. W. DeGarmo of New York read a paper entitled What Advance has been Made in the Surgical Cure of Hernia? in which he described the various operations and preferred the Bassini and Halsted operations because the canal was cleared of all foreign matter. He spoke of the substances which if left behind might predispose to a recurrence and made some propositions, adding that the cures were much more frequent now than formerly.

Dr. John B. Deaver of Philadelphia read a paper on Appendicitis. He preferred this term to others. He spoke of the diagnosis and cause and advocated early operating. The incision should be small and not median. This paper was

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discussed by Drs. Quimby of New Jersey, Murphy of Chicago, Herrick of Cleveland, Willard of Philadelphia and Ransohoff of Cincinnati.

Dr. J. McFadden Gaston of Atlanta then read a paper on Thoracic Troubles from a Surgical Standpoint, in which he deplored the lack of attention given to surgery of the chest and cited cases in which surgical operations would be of benefit.

Dr. Nicholas Senn of Chicago then read a paper on the Treatment of Malignant Tumors by the Toxines of the Streptococcus of Erysipelas, which he considered a failure. This was defended by Dr. W. B. Coley of New York and further discussed by Drs. Herrick of Cleveland and Keen of Philadelphia.

Dr. John A. Wyeth of New York then read a paper entitled An Original Osteoplastic Operation for the Removal of Large Vascular Tumors Growing in the Vault of the Pharynx, Antrum of Highmore, Spheno-maxillary and Pterygo-maxillary Fissures, in which he related a case.

Dr. Joseph M. Mathews of Louisville read a paper entitled Is Total Extirpation of the Rectum ever Justifiable? which he answered in the negative.

Dr. Lewis H. Adler, Jr., of Philadelphia read a paper on Extirpation and Colotomy in Cases of Carcinoma of the Rectum, in which he advocated such operations, showed their indications and pointed out the choice of sites for opening the colon.

Dr. W. L. Rodman of Louisville read a paper on Tumors of the Mammary Gland, in which he showed the large number of carcinomas, the advantage of an early and complete operation and the comparative mortality.

Dr. D. D. Stewart of Philadelphia read a paper by himself and Dr. J. L. Salinger on Electrolysis in the Treatment of Sacculated Aneurism, through Introduced Wire, with Report of a Successful Case.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

SECOND DAY, WEDNESDAY, MAY 8.

Dr. Augustus P. Clark of Cambridge, Mass., read a paper on the Indications for Total Hysterectomy, in which he showed it was the best operation in so many conditions.

Dr. A. H. Tuttle of Cambridge, Mass., read a paper entitled Total Hysterectomy by a New Vagino-Abdominal Method, in which he described by the aid of drawings an operation devised by himself.

Dr. I. S. Stone of Washington, D. C., read a paper entitled Vaginal Hysterectomy for Pelvic Suppurative Diseases and Results, in which he described an operation of his own requiring little time and little anesthesia.

Dr. Edward Garceau of Boston also read a paper on Vaginal Hysterectomy.

Dr. J. M. Baldy of Philadelphia read a paper on Hysterectomy for Pelvic Suppuration, in which he reported a large number of cases with little mortality.

Dr. L. H. Dunning of Indianapolis read a paper on a New Method in the Treatment of the Stump in Oöphoro-Salpingotomy, in which he described an original operation.

Dr. A. H. Goelet of New York described the Treatment of Inflammation of the Uterine Appendages, in which he opposed the too frequent and radical operating and advocated a treatment without it. This was discussed by Drs. Charles P. Noble and M. Price of Philadelphia and Dunning.

Dr. Reuben Peterson of Grand Rapids, Michigan, read a paper on Hysterectomy for Puerperal Infection in which early operating was advocated.

Dr. Charles P. Noble of Philadelphia read a paper entitled Celiotomy for Puerperal Septicemia and for Puerperal Inflammatory Conditions. This paper was very widely discussed.

SECTION ON DISEASES OF CHILDREN.

SECOND DAY, WEDNESDAY, MAY 8.

Dr. Rosa Englemann of Chicago read a paper entitled the Etiology of Infantile Summer Diarrhea. One must consider the alimentary tract from the mouth to the anus. The subject resolves itself into one of toxemias. Formerly, the differentiation of intestinal troubles was not close enough. Now, it has been over-refined. In either general

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systemic or localized trouble the cause is generally the bacillus coli communis. The differentiation between the various kinds of bacilli coli communes was first accurately studied in 1892. By capillary puncture of the lung in pneumonia following infantile diarrhea, various kinds of bacilli have been obtained, including the bacilli coli communes, showing that they enter the systemic circulation, are here strained out, more or less, by the filter of the lungs and the slighter troubles of the bowels are due to toxines absorbed from the fermentation of milk, food, etc., whilst the chronic forms are due to bacteriological infection.

Dr. Edward Anderson of Rockville, Md., read a paper on Colitis in Infancy and Childhood. Colitis in adults is often a primary trouble. Rarely so in infants, resulting usually from indigestion, distention of the gut by gas, etc. Intussusception is often spoken of as commonly associated with infantile colitis, but he has never seen such a case. It is more common in hot weather, because the heat not only renders the food more liable to fermentation, but also exerts a depressing effect on the system of the child. Colitis in infants who are fed by their mothers is usually relieved by chalk mixture with subnitrate of bismuth and opium, but in bottle-fed infants this does not seem to do so well. Dr. Anderson mentioned a case in which in a family of three children, two of them were mother-fed and had an attack of colitis; he treated them with the above mentioned remedy and both rapidly recovered. Afterwards he was called to a third, bottle-fed, in which the same remedy had been tried for quite a while and had done no good The case ran on for a long time, but he finally cured it with blue mass and opium. He then mentioned several cases in which he had used this treatment successfully. As an aliment he recommends chicken soup, beef broth, etc., and also advises the administration of strychnine.

Dr. Irving M. Snow of Buffalo, N. Y., read a paper entitled Membranous Enteritis Associated with Ascaris Lumbricoides. He was called to a child whose father had died of sarcoma of the rectum. The mother had found membranous casts in the stools and being much alarmed sent for him. He found each day membranous tubular casts of the intestines and membranous shreds, often associated with blood. The child was a healthy, well grown little girl, with her tongue clean, appetite good and no abdominal tenderness. She had had two stools a day of good color. He put her on light diet and gave cod liver oil. A few days later the quantity of membranes discharged was much reduced. The next day the patient passed a round worm. He then gave her santonin and two round worms were passed, but no more membrane. One day later, a little more membrane was passed and no more until the present time, when she is perfectly well. The casts were principally of mucin, but in some cases undoubtedly contain fibrin. The passage of casts of this kind is very uncommon in children, usually occurring in hysterical women. The relationship of the ascaris to the casts is obscure. Probably caused by the irritation from the worms, though the worms are more commonly found in the small intestines, while the casts seemed to be of the colon. The association was probably only a coincidence.

Dr. Stuart Patterson of Pittsburgh read a paper on Magnesium Sulphate in the Treatment of Diarrhea in Children. The use of magnesium sulphate in summer diarrhea is not new, for it has been used for some time, especially in rural districts. As yet no specific cause has been found for summer diarrhea, but we believe it is caused by infection, caused by bad food and bad hygienic surroundings. The two main points as regards treatment are, first, remove the cause of the trouble and second, prevent its recurring. For the first the best thing we can use is magnesium sulphate. For the second, the best is sterilized food. The magnesium sulphate stimulates the glandular system, flushes the bowel and removes the fermenting mass. Best a teaspoonful with as little water as can be swallowed and repeat throughout the day. Keep up this treatment untll the stools become yellow and then give general tonics. In his fifty-

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five cases from one-half to nine years, two died. In seven he did not repeat the treatment after the first day.

Dr. Koplik in speaking of Englemann's paper said most practitioners of large experience had seen pneumonia of this toxic origin, caused by infection from the gut. In speaking of treatment, he cautioned the members against the use of mercury where there was any tendency to gastritis and especially in cholera infantum, for here mercury will often cause acute suppression of urine. He recommends stopping all diet which requires any effort of digestion, then give an active purgative. He uses few drugs, preferring bismuth subnitrate and resorcin.

Dr. W. D. Booker of Baltimore said he did not agree with Dr. Koplik in his condemnation of mercury and believed in and advised the use of calomel in dose of one-seventh of a grain until a grain or more had been given. He doubts its antiseptic properties in the intestine, but believes it is excellent as a purgative in these cases. Later the treatment should be mainly dietetic.

Dr. Fischer of New York said Dr. Newmann of Berlin advised first sterilizing the intestine and then the food. He recommended the rectal injection of an antiseptic mineral salt solution and believed that by elevating the buttocks the fluid will reach as far as the intercostal colon. If the pulse is weak and the diarrhea severe hypodermoclysis may be used, causing absorption by gentle massage. He strongly advocates sending patients on the water, especially salt water, as the salt air has an astringent influence.

SECTION ON PRACTICE OF MEDICINE.

THIRD DAY, THURSDAY, MAY 9.

Dr. J. M. Anders of Philadelphia read a paper entitled A Statistical Study of the Complications of Malaria, in which he grouped 1780 cases of malaria with 189 complications. These complications were not grave as a rule, and were most frequently heart disease, neuralgia, enteritis, albuminuria, etc. A careful examination of the blood will differentiate between typhoid fever and malaria. This was discussed by Drs. Rochester of Buffalo and Hollister of Chicago.

Dr. Robert H. Babcock of Chicago presented a paper read by Dr. Hollister on the Condition of the Two Ventricles with Reference to the Administration of Digitalis, in which in two cases digitalis failed to do good and was followed by sinking.

Dr. W. T. English of Pittsburgh read a paper entitled Cardiac Instability due to Acid Auto-Intoxication, in which he argued against the too free use of acids in these conditions and the administration of alkalies and antiseptics in gastric disturbances.

Dr. A. F. Pattee of Boston read a paper on the Therapeutics of the Senile Heart. Dr. Rochester thought that the excretions of the body need careful investigation in these cases. Stimulants should be given when necessary for the senile heart and the whole vascular and capillary system should be considered and should be carefully watched in old persons.

Dr. H. B. Sears of Wisconsin was opposed to the use of digitalis when there was edema or ascites until that had been removed and he believed in thorough purging.

Dr. Chapman of Louisville referred to the lactic acid in rheumatism which should be got rid of in heart lesions.

Dr. Stockton of Buffalo did not agree with this opinion altogether.

Dr. Webster of Chicago thought that vegetable acids increased the alkalinity of the blood. He did not believe that death was caused by auto-intoxication, other things being equal.

Dr. A. E. Herne of Indianapolis read a paper entitled Toxicity in the Production of Nervous Diseases, in which he showed specimens to prove that toxines produced certain degenerations. This was discussed by Drs. Preston of Baltimore and Patrick of Chicago.

Dr. G. J. Preston of Baltimore read a paper entitled The Effect of Inhalation of Oxygen upon the Hemoglobin, in which he quoted experiments to show that in the inhalation of oxygen the percentage of hemoglobin in the blood was raised. In many diseases the in-

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halation of oxygen is of decided benefit especially if given by the rectum.

Dr. J. E. Woodbridge of Youngstown, Ohio, read a paper on Typhoid Fever, in which he reported an additional number of cases of that disease which had been cured and improved by his special line of treatment by the use of calomel, podophyllin, guaiacol, eucalyptol and menthol, given in increasing doses. This was discussed by Drs. Sykes of Ohio, Rodgers of Luzerne, Pa., and Quine of Chicago.

Dr. G. W. Webster of Chicago read a paper entitled The Differential Diagnosis of Cholelithiasis, which was discussed by Drs. Turck of Chicago and Musser of Philadelphia.

SECTION ON SURGERY AND ANATOMY.

THIRD DAY, THURSDAY, MAY 9.

Dr. Carl Beck of New York read a paper on Asepsis in Private Practice, in which he advocated operating at home and showed his portable and pocket sterilizing apparatus.

Dr. J. B. Murphy of Chicago read a paper on Ileus, which was a discourse on the subject, illustrated with plates and charts.

Dr. G. W. Broom of St. Louis read a paper entitled Scientific Uses of the Surgical Flap, in which he spoke of the importance of the technique and in which he preferred the natural blood clot to the drainage tube.

Dr. H. O. Marcy of Boston read a paper on the Surgical Technique of Aseptic Wounds, in which he spoke of our too frequent use of sponges, drainage tubes, chemical antiseptics, etc.

Dr. B. M. Ricketts of Cincinnati read a paper on Flat Foot, in which he made comparisons between various animals and referred to the artificial shape of the foot brought about by constricting shoes.

Dr. C. Fenger of Chicago read a paper on Gall Stones in the Common Duct, and their Surgical Treatment, in which he advocated an early operation as giving the best results. The paper was discussed by Drs. Marcy, Gaston and Weeks.

Dr. J. C. Oliver of Cincinnati read a paper on Skin Grafting after the Method of Thiersch.

Dr. S. F. Forbes of Toledo read a paper on Exsection of the Knee Joint, in which he reported a case of complete dislocation of the knee of nine years' standing, with especial reference to methods of fixation, in which he concluded that in knee exsection direct fixation is unnecessary and that external support gives instant and permanent relief. This paper was discussed by Drs. Maclean, Garcelon, Davis and Weeks.

Dr. E. A. Tracey of Boston described a New Surgical Splinting and reported cases exemplifying it. The splint material is light and easily moulded; it is made of crushed wood fiber.

Dr. J. E. Link of Terre Haute explained a Simple Method of Dressing Fractures of the Extremities Auxiliary to the Bandage, in which he put birchwood shavings between the rolls of the bandage and they were flexible and staid where they were put and were light.

Dr. Thomas H. Manley of New York was glad to see this take the place of the plaster bandage but was afraid it would be too expensive in hospital.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

THIRD DAY, THURSDAY, MAY 9.

Dr. D. Lapthorn Smith of Montreal read a paper entitled The Present Status of the Treatment of Fibroids of the Uterus by Electricity, in which he thought that electricity was indicated in many cases and would save the ovaries and he was not biased in either direction.

Dr. G. Betton Massey of Philadelphia read a paper on the Treatment of Hemorrhagic Conditions of the Uterus by Zinc Amalgam Electrolysis.

Dr. W. H. Humiston of Cleveland read a paper on Diseases of a Reflex Nature arising from Pathological Conditions of the Uterus and its Appendages, in which he referred to the many and varied complaints that may arise from a displaced uterus and the necessity for examining it when these conditions are present. This paper was discussed by

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Drs. Henry P. Newman, Ward, Hall, Massey and H. A. Kelly.

Dr. X. O. Werder of Pittsburgh read a paper entitled Vaginal Fixation Retro-Deviations of the Uterus, in which he advocate ! this operation as done by Schücking and thought the uterus should always be curetted first.

Dr. S. L. Jepson of Wheeling read a paper on Ectopic Gestation ; Its Diagnosis and Treatment. The diagnosis for pregnancy was the diagnosis for this condition. He would suggest as the treatment only celiotomy and electricity. This was discussed by Drs. Goelet, Hall, Reed and Gilliam.

Dr. Howard A. Kelly of Baltimore read a paper on Suspensio Uteri. He objected to the name vagino-fixation because the uterus was not fixed but suspended. He has done the operation 170 times in the last five years and 37 times in the last year. It is a simple operation which he described.

Dr. R. H. Holmes of Portland, Oregon, reported two Interesting Cases of Pelvic Surgery. These were discussed by Drs. Lapthorn Smith, Peterson, Pyle and Werder.

Dr. Bedford Brown of Alexandria read a paper on the Therapeutic Action of Chloroform in Parturition, in which he showed how to use it in confinement and how small the risk was when it was properly administered.

Dr. J. J. E. Maher of New York read a paper showing some Original Studies on the Obstetrical Forceps, with Mechanical Demonstration.

Dr. Tod Gilliam of Columbus read a paper on the Vaginal Route for Operations on the Pelvic Viscera.

Dr. W. A. B. Sellman of Baltimore read a paper on The Treatment of Contractions or Stenosis of the Uterine Canal, in which he presented an instrument of his own devising for overcoming this stenosis.

SECTION ON DISEASES OF CHILDREN.

THIRD DAY, THURSDAY, MAY 10.

Dr. Parker of Massachusetts read a paper on Antitoxine in Scarlatina. He was called to see a child which had been taken sick Friday. On Saturday he made a diagnosis of scarlatina. The temperature was then 103° and kept going higher. On Sunday morning there were present marked symptoms of diphtheria, but cultures made from the membrane did not yield the Klebs-Löffler bacilli, but did yield streptococci. On Sunday, at 2 P. M., he gave an injection of antitoxine and on Monday, a second. The diphtheria rapidly cleared up, the temperature declined and the child rapidly recovered. Dr. Parker advises the same local treatment when antitoxine is used as when it is not used. As a local application he recommends boro-glycerine. Dr. Parker recommends the Pasteur antitoxine.

Dr. Wm. F. Lockwood of Baltimore then read a paper entitled Tubercular Meningitis. He believes from the older writers that tubercular meningitis in children was often overlooked and the symptoms attributed to bronchitis, pneumonia, etc. It has been attributed to bad food, unhygienic surroundings, tuberculous family. He cited a case of auto-infection from a tuberculous lung and exhibited a table of his cases of tubercular meningitis and in speaking of the clinical features said they were often deceptive and the diagnosis difficult. Every new case recorded shows the impropriety of making a snap diagnosis. In one of his cases the premonitory symptoms extended over several weeks. There may be sudden syncope, forgetfulness of words, strabismus, semi-coma, etc. In ten cases, seven were negroes and three whites. Eight were under ten years of age, three under seven. There was vomiting in seven cases and in nine more or less paralysis. In eight cases the surroundings were not hygienic, in two good.

Dr. Frank S. Parsons of Philadelphia read a paper on Has Tuberculous Cow's Milk Causative Influence in Tuberculous Lesions in Infancy? Let us ask what is the pretubercular field, before the deposition of the bacilli. We do not exactly understand why the bacilli should grow so much more rapidly in one field than in another. I believe tubercular deposits to be caused by a lymph stasis, the stagnated lymph form-

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ing a filter and straining out the tubercle bacilli. And in persons in whom the bacilli can find no resting place the elimination is perfect. The tubercle bacilli are only secondary causative agents in the production of tubercles, the character of the tissue which favors their development being primary and a child predisposed to tuberculosis, fed on tuberculous cow's milk, would probably develop it; if not so disposed, would probably not. The great danger lies in infections of the udder and parts running directly into contact with the milk, not in the lungs of the cow. In conclusion, if a child has the slightest tuberculous tendency, it is very important to guard it against infected milk.

Dr. G. W. McNeil of Pittsburgh said: I have always found the diagnosis of tubercular meningitis difficult. In one case the third week the child developed a partial paralysis with alternately contracted and dilated pupils which ran on for a week longer, expected to die every day, but instead of dying, he gradually began to get better and after a time, on a treatment of iodide of potash and opium, the paralysis disappeared, the child gained flesh rapidly and now seems to be perfectly well. He believes his diagnosis in this case was incorrect and that it was probably a case of simple meningitis.

Prof. Edwin Klebs of the University of Zurich then arose and apologized for being late and said he was very glad to be present at the meeting of the section. His paper concerning Antiphthisin in Tuberculosis in Children was then read by Dr. Karl von Ruck of the Wingate Sanitarium of Asheville, N. C. As yet the application of antiphthisin has been very limited and its efficacy much doubted on account of the failure of tuberculin. It should be used very early in the disease, as it cannot be expected to cure morbid changes consequent upon the infection, and its true efficacy can only be gotten by its early use. And used thus early, there is no doubt that specific medication will do good. It is applicable to all the tuberculous affections of childhood, of bones, joints, etc. The fact cannot be too much emphasized that all scrofulous processes are primarily tubercular and consequently amenable to the antiphthisin treatment. It is applicable where there is latent tuberculosis in a family, for we know that a tuberculous condition may lie dormant in a patient for years and only appear when there is physical debility, etc. The greatest credit is due to American physicians and statesmen for the vigor with which they took up the tuberculin treatment and gave it a full, fair trial. Several cases were then cited of children of tuberculous tendencies in which, after the injection of ten to fifty cc. of antiphthisin, all symptoms entirely disappeared. Of five guinea pigs, two were treated with antiphthisin and three were not. They were all then infected with tubercle bacilli. The three not immuned died and all showed tuberculous lesions. Those treated lived and showed no lesions. Prof. Klebs now recommends the rectal injection of the remedy. In conclusion, he finds that in children when used early, antiphthisin undoubtedly has curative powers, and if used in time, also in adults.

Dr. I. J. Eaton of Pittsburgh read a paper on Bromoform in the Treatment of Pertussis. It is agreeable, harmless and efficient. It should be given at first in doses of two to three drops four times a day and the dose rapidly increased to ten to fifteen drops. He then stated a number of cases which had been cured by the use of chloroform. The plan of treatment is to begin with a small dose which can be well borne and rapidly increase it. It is best to have it put in a dropping bottle and in a little water. In all his cases thus treated Dr. Eaton has examined the hearts and lungs and has found no effect produced on the heart and only in two cases slight bronchitis.

In adults in subacute bronchial coughs bromoform acts admirably.

Dr. J. A. Work of Elkhart, Ind., read a paper on Some of the Causes of the Great Mortality in Infancy and Children.

We must remember that disease is the same the world over, and hence the causes of the great mortality in infancy

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and childhood are throughout the world, the same in London, New York, Chicago and all large cities. Every large city becomes the field for the proliferation of all kinds of diseases and as infants have less resisting power they are the easiest attacked. If an infant came into the world perfect with perfect surroundings very few would die but more come into the world imperfect; one-tenth of all the children born die in one month, one-fourth in one year, one-half in before five years of age. The cause of the mortality in children may be classed under three heads: 1. Hereditary disease; 2. Zymotic disease; 3. Lack of natural affection. I believe that not more than one-third of the children born are wanted by their parents and the mothers are in constant rebellion during gestation and the nursing period. Food is often given very unwisely and too little attention is given to proper clothing as to texture and equality of warmth and pressure over various portions of the body.

Dr. W. D. Booker of Baltimore read the last paper of the session on Modern Methods of Preparing Food for Infants. The advance in the study of infantile diet has been great in the last few years and the universal conclusion has been reached that, next to mother's milk, the best and most rarely blamed article of food is cow's milk. And the subject now resolves itself into its proper preparation and administration; next to the quality of the food is to be considered the quantity which should be given and this is not a matter which is easily determined. We can best be guided by the manner in which it is digested as evidenced by the stools, vomit, etc., also by the production of colic and sleeplessness. If digestion is faulty the quantity of food should be reduced until easily assimilated and then gradually increased. The superiority of mother's milk over cow's milk lies in its purity, rather than its quality. We may render cow's milk almost as good by proper sterilization; the character of the food and water given to the cow is of great importance. As cows suffering from contagious disease will exhale the germs and the infection of the milk usually takes place from without, from the udder or tail of the cow, hands of the attendant, etc., the milking should be carried on under as nearly antiseptic precaution as possible, and sterilization of the milk should be done soon after the milking. The bottle and utensils should be kept scrupulously clean, the nipple should be thoroughly sterilized and kept so, not given to the child to play with. Milk to be kept any length of time should be sterilized for one hour a day for three successive days at 100° Centigrade. If it is to be used in one day it must only by sterilized for one hour at 100° Centigrade. In conclusion, sterilization of milk is the greatest method we possess of preventing summer diarrhea and if carried to sufficient extent the disease may be almost entirely wiped out.

SECTION ON PRACTICE OF MEDICINE.

FOURTH DAY, FRIDAY, MAY 10.

Dr. J. H. Kellogg of Battle Creek, Michigan, read a paper on New Methods of Precision in the Investigation of Functional Disorders of Digestion, in which he spoke of the digestion of sugar and starch and reported on 4000 cases in his practice. This was discussed by Dr. Webster of Chicago.

Dr. I. E. Atkinson of Baltimore reported a Case of Suppurative Pancreatitis with Necropsy which he thought at first was hepatic colic. This was discussed by Dr. Webster and Dr. Stockton.

Dr. F. B. Turck of Chicago read a paper on Methods of Diagnosis and Treatment of the Gastro-Intestinal Tract. Other papers were read by title.

SECTION ON SURGERY AND ANATOMY.

FOURTH DAY, FRIDAY, MAY 10.

Dr. Thomas H. Manley of New York read a paper entitled Deformities following Fractures of the Shafts of Bones, dividing them into preventable and those beyond control. In his experience in many cases a disfigurement is unavoidable. Many other papers in this section were read by title.

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CORRESPONDENCE.

THE PENNSYLVANIA STATE MEDICAL SOCIETY.

CHAMBERSBURG,
May 24, 1895.

Following closely upon the medical conventions held in Baltimore in May, our neighbors to the northward, the Medical Society of the State of Pennsylvania, convened in their Forty-fifth Annual Session at Chambersburg, on Tuesday, the 21st.

The session was called to order on Tuesday morning by the President, Dr. John B. Roberts, of Philadelphia. The programme for the four days embraced the following: Address of welcome by the Hon. John Stewart, of Chambersburg. Address in Medicine, Dr. J. C. Gable of York; Hygiene, Dr. Hildegarde H. Longsdorf, Carlisle; Surgery, Dr. C. L. Stevens, Athens; Obstetrics, Dr. W. B. Ulrich, Chester; Address of the President, Dr. John B. Roberts of Philadelphia; Mental Disorders, Dr. F. X. Dercum of Philadelphia; and over seventy papers covering a wide range of topics and limited to ten minutes each.

The following social entertainments were provided and admirably conducted to the enjoyment of all: Wednesday evening, an Informal Reception at Wilson College by the President and Faculty. Thursday evening, visit to the new Soldier's Orphan Industrial School at Scotland, and excursion to Mont Alto Park and banquet. Friday, excursion to Gettysburg.

The most popular subject for presentation was Typhoid Fever, the topic having been so often treated that after the eighth paper it was proposed to group them together and give the subject a full session. Dr. George S. Hull exposed some of the popular fallacies on electricity. Dr. Benjamin Lee, Secretary of the State Board of Health, read an able paper on The Necessity for a State System of Registration of Vital Statistics in Pennsylvania, the result of which was the adoption of a resolution endorsing the paper and urging the Legislature to pass the bill providing an appropriation.

A motion to endorse the use of individual communion cups called forth a storm of protests, and by an almost unanimous vote was laid on the table. A resolution was adopted requesting chemists to omit directions for use from catalogues of medicines and also requesting the publication of the ingredients of remedies. The report of the Nominating Committee was adopted, and these officers were elected: President, W. S. Foster, Pittsburgh; Vice-Presidents, John Montgomery, Chambersburg; A. P. Hull, Lycoming; F. H. Sharpnack, Greene; A. B. Brumbaugh, Huntingdon; Secretary, W. B. Atkinson, Philadelphia; Assistant Secretary, A. L. Stevens, Bradford; Treasurer, G. B. Dunmire, Philadelphia; Board of Trustees and Judicial Council, D. W. Bland, Schuylkill; T. P. Simpson, Beaver, and Henry Beattes, Jr., Philadelphia.

The exhibitors, with their accustomed wide-awakefulness and business enterprise, made a very creditable display of surgical and pharmaceutical products. But the ever-recurring question of how to elicit greater interest on the part of delegates to this feature of medical conventions again presents itself. The JOURNAL was the pioneer, we believe, in the agitation of that subject, and through its series of questions propounded at the Baltimore convention had called forth some very practical suggestions, the influence of which has already become manifest. The following firms were represented:

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Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, JUNE 1, 1895.

THE effects of alcohol and tobacco on the human body have been made the theme of essays and papers innumerable, and few persons have expressed views without a very strong bias in one direction or the other. Whether the world would be better without these two commodities is not easy to say.

Alcohol and Tobacco.

Dr. Albert R. Leroux in a paper before the New York Society of Medical Jurisprudence on "Popular Fallacies as to Alcohol and Tobacco" discusses the subject from the standpoint of an analytical chemist and his views as published in the *Medical Examiner* deserve attention.

There is probably no unbiased person who would not admit that alcohol does infinitely more harm than good in its use. The writer does not take into account the moral effects of the drug given in excessive quantities and claims to be without bias. He lays bare what he is pleased to call fallacies and these deserve further remark. In view of the stand taken in some States on food adulteration, he thinks that too great stress is laid on pure unadulterated alcoholics which gives the impression that if whiskey and other stimulants are only pure and free from adulteration they would be comparatively harmless. This he seeks to contradict, by saying that it is the alcohol in all such stimulants that has the effect and a man may become a drunkard from pure as well as from impure whiskey; and, indeed, in analysing whiskies taken at random from the highest and lowest dealers he claims that the cheap whiskies do the least harm, because they contain the least amount of alcohol. The adulterations are usually inert and of little effect as compared to the alcohol contained. The alcoholic drinks from beer with its two per cent. of spirit to brandy with its 60 per cent., all depend on this spirit for their intoxicating effect whatever the other ingredients may be. The purest does just as much harm and probable more than the adulterated.

As for tobacco, this chemist finds that prejudice has much to do with legislation against certain forms of tobaccos, notably the cigarette. The active principle in all tobacco is the nicotine, which in the growing youth most certainly affects the body, and indeed in all excessive smokers the poisonous principle of the tobacco makes known its effects in many cases. The adulterations which are commonly supposed to be put into cigarettes this chemist finds are not present, not because the manufacturers might not hesitate to put them there, but because such things as opium, lead, arsenic, etc., are all too expensive to be incorporated into cigarette tobacco. The great danger of cigarettes is, according to this chemist, the convenient form in which they are sold, too often in broken packages at a small price within the reach of the poorest; more of them are consumed and more nicotine is absorbed at an age when the body is growing. The paper he found to be as a rule pure and free from all harmless adulteration. A pleasant and attractive flavor allures the youth into consuming more cigarettes than are good for him. He says in conclusion:

"The purest tobacco is undoubtedly that which is prepared for pipe smoking; purer, in my opinion, than that found in the average cigar; yet the nearer it comes to the absolutely pure leaf the higher the per cent. of nicotine; but neither in the cigar, nor cigar-

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ette, nor chopped or cut tobacco, is there at this day, among all the adulterations, anything approaching in potency this nicotine which they contain.

"Whether we are smokers or non-smokers, whether we are moderate or immoderate drinkers or total abstainers, let us fearlessly and honestly and intelligently instruct the rising generation that alcohol and tobacco are substances to be avoided by youth, no matter in what form, or under what name they may be sold; and let the intelligent physician, who meets in his practice the too slavish devotee of the tobacco habit or the votary of alcohol, inform his patient in all candor and fearlessness that it is the alcohol and nicotine which he must let alone, and not endeavor to shift him from port to sherry or from cigar to pipe under the vain delusiou that if one harms the other will benefit.

* * *

Recent Deaths.

WITHIN one week in April, the University of Leipzig, Germany, and the whole medical world has suffered a great loss in the death of two men whose names were known over the whole scientific world, and whose work impressed all the teachings in the past ten years. One was Karl Ludwig and the other Karl Thiersch. The foreign medical press in noticing the death of these two men makes the following comments:

"Professor Karl Ludwig, one of the greatest physiologists of Germany, died in Leipzig, on April 25. He was born in 1816, at Witzenhausen and took the degree of doctor in 1839, afterwards becoming *privat-docent* in 1842, at the University of Marburg. This town he left in 1849 for Zürich, where he staid for six years as Extraordinary Professor. In 1856 he was appointed Ordinary Professor at the abolished Academy for Army Surgeons in Vienna. For the last thirty years he was Professor of Physiology in the University of Leipzig, which owes to him no small part of its renown. At a very early period of his academical career he opposed all the transcendental theories in physiology which were then in vogue, and his first published work entitled 'The Mechanism of the Secretion of Urine,' explained the formation of urine in the kidney on merely mechanical principles. He improved physiological methods by the introduction of apparatus for the graphic recording of results, the most notable being probably the kymograph. He was the author of important researches on the circulation of the blood, on the influence of respiration on the circulation, and on the action of the medulla oblongata on the circulation. He also made very valuable researches on the part played by the nervous system in glandular secretion. Not only physiology, but also pathology and clinical medicine are greatly indebted to him. Among his pupils need only be mentioned the late Professor Cohnheim, formerly one of the leading pathologists of Germany. The Physiological Institute of Leipzig, of which Professor Ludwig was the director, was a center of attraction not only for students, but also for graduates, who came there from all parts of the world to study under his direction. Professor Ludwig's name will ever hold an honored place in the history of medicine.

"In the death of Professor Thiersch another of the prominent leaders of German surgery, whose reputations were won in the campaigns of thirty and forty years ago, has passed away. Professor Thiersch was born at Munich in 1822, and had just completed his seventy-fourth year when he died on the 28th ult. After studying at Berlin, Vienna and Paris, he obtained his doctorate at Munich, his graduation thesis being on the Action of Drugs. He engaged as surgeon in 1850, in the second Schleswig-Holstein campaign, when he served under Stromeyer, whose teaching and example had much influence on him. From 1848 to 1854 he was prosector in the Munich Pathological Institute; in 1854 he was appointed Professor of Surgery at the University of Erlangen, and was transferred thence to Leipzig in 1867, where he occupied the chair of Surgery for twenty-eight years. In the war of 1870 he was consulting surgeon-general to the 12th Army Corps (Saxon). His writings have not been numerous. Perhaps the most important was the monograph on Epithelial Cancer published in 1865, which was marked by great originality and advanced considerably the histology of epithelioma. His work upon Skin Grafting is also well known. He contributed an article to the first volume of the Pitha-Billroth Hand-book of Surgery upon the 'Minute Anatomical Changes following Wounds of Soft Parts,' another histological study which opened up new conceptions of the healing of wounds. He was an earnest follower of the Listerian methods.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 25, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		11
Phthisis Pulmonalis		22
Measles	56	2
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria.	2	1
Mumps	2	
Scarlet fever	13	1
Varioloid		
Varicella		
Typhoid fever		1

Dr. Richard J. Dunglison has been re-elected President of the Musical Fund Society of Philadelphia.

The ordinance to put typhoid fever on the list of diseases to be reported awaits the stroke of the mayor's pen.

Mr. Henry P. Hynson of Hynson, Westcott & Co. was elected President of the Maryland State Pharmaceutical Association.

Smallpox has been reported in Staunton, Virginia, Wheeling and Martinsburg, West Virginia, Concord, New Hampshire, Indianapolis and Philadelphia.

The ordinance to appropriate $500 for free public baths for Baltimore has passed both branches of the City Council and awaits the Mayor's signature.

Dr. Perceval S. Rossiter of the Class of 1895, University of Maryland, has been appointed assistant resident physician at the Maryland Hospital for the Insane.

Dr. E. Behring has been appointed Professor and Director of the Hygienic Institute in the Universityof Marburg in succession to Professor Carl Fraenkel.

The male chorus from Dr. John C. Hemmeter's cantata "Hygeia" was beautifully rendered at the Music Hall reception by the Germania Maennerchor.

Dr. Noeggerath, the well known gynecologist who formerly practiced in New York, died in Wiesbaden, Germany, where he had been living for the past six years.

Among the entertainments not noted during the Association meeting was a dinner by the Flint Club, one by Dr. George H. Rohé at the Maryland Hospital and a reception by the Woman's Medical College.

The State Medical Examining and Licensing Board elected the following officers for the ensuing year; President, Dr. W. W. Potter of Buffalo; Vice-President, Dr. J. M. Hayes of Greensboro, N. C.; Secretary, Dr. B. N. Griffith of Springfield, Ill.

The New York Legislature has enacted a law making it mandatory upon cities of that State having populations of over 50,000 inhabitants to establish free public baths, and authorizing cities with less than 50,000 inhabitants to raise money for a like purpose.

Dr. Max Simon Nordau, the author of "Degeneration," says the *Journal*, is a medically educated man. He was born at Buda-Pesth in 1849, took his medical degree in 1873 traveled and studied medicine for five years, at the end of which time he made his permanent home in Paris. He became a correspondent of the *Frankfurter Zeitung* and other German journals, also contributing social and political writings to various French reviews, some of which attracted marked notice.

The American Medical Temperance Association elected the following officers: Dr. N. S. Davis of Chicago, Ill., President; Dr. I. N. Quimby, Jersey City, N. J., Dr. J. B. Whiting Janesville, Wis.; Dr. F. E. Yoakum, Shreveport, La.; Dr. J. Taft, Cincinnati, O., Vice-Presidents; Dr. T. D. Crothers of Hartford, Ct., Secretary, and Dr. G. W. Webster, Chicago, Ill., Treasurer, were all re-elected to fill the same offices during the ensuing year. Dr. J. H. Kellogg of Battle Creek, Mich., was elected Corresponding Secretary.

The following new appointments for 1895-96 to the faculty of the Woman's Medical College, McCulloh and Hoffman streets, have been made: Dr. Claribel Cone, professor of pathology; Dr. Edith Eareckson, lecturer on hygiene; Dr. Louise Eaton, resident physician of the Maternité Hospital; Dr. Sue Radcliff, resident physician of the Good Samaritan Hospital; Dr. B. B. Lanier, professor of operative surgery; Dr. G. Milton Linthicum, professor of physiology; Dr. W. M. Lewis, professor of normal histology; Dr. S. G. Davis, demonstrator of anatomy.

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WASHINGTON NOTES.

The last meeting of the Clinico-Pathological Society was held on Tuesday, May 21. The next meeting will take place in October. Dr. W. Sinclair Bowen presented "Two Ovaries and Tubes" that had become discolored and removed a few days before. The discussion of Dr. E. L. Tompkins' paper was continued from the last meeting. The subject of the paper was "Cerebral Hemorrhage." It was discussed by Drs. Mitchell, Bishop and Glazebrook. The paper of the evening was by the President, Dr. Wm. M. Sprigg, on "Post-Partum Hemorrhage." He also delivered the Presidential Address. The paper on post-partum hemorrhage was discussed by Drs. Bowen, Kelley, Beatty, Bishop and others.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday, May 22. The programme of the evening was as follows: Dr. Swan M. Burnett: "Clinical Contribution to the Study of Nuclear Paralysis of the Ocular Muscles." Presentation of a patient. Dr. J. H. Bryan: "A Contribution to the Study of Suppurative Disease of the Accessory Sinuses, with Report of Cases."

It is with regret that we hear of the sad accident that has befallen Dr. Julian M. Cabell, Assistant Surgeon of the United States Army. In jumping from a moving train he fell and had one leg crushed off at the knee and a portion of the other foot was also hurt.

Dr. J. Ford Thompson has improved enough to go to Atlantic City.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending May 27, 1895.

Captain Robert J. Gibson, Assistant Surgeon, will be relieved from duty at Fort Sam Houston, Texas, by the commanding officer of that post, and will report in person to the commanding officer Fort Thomas, Kentucky, for duty at that post.

Major William H. Gardner, Surgeon, is relieved from duty as attending surgeon and examiner of recruits at Headquarters Department of Dakota, and ordered to Fort Reno, Oklahoma Territory, for duty at that post, relieving Major Henry M. Cronkhite, Surgeon.

Leave of absence for four months, on surgeon's certificate of disability, with permission to leave the Department of the Missouri, to take effect on being relieved from duty at Fort Reno, Oklahoma Territory, is granted Major Henry M. Cronkhite, Surgeon.

Leave of absence for ten days, to take effect from the date of the conclusion of his examination for promotion, is granted Captain Louis W. Crampton, Assistant Surgeon.

BOOK REVIEWS.

URINALYSIS; Including Blanks for Recording the Analysis and Microscopic Examination of the Urine. For Medical Practitioners, Life Insurance Examiners and Specialists. Arranged by Joseph C. Guernsey, A. M., M. D. Philadelphia: J. B. Lippincott Co. 1895.

This book has the advantages of great simplicity and great usefulness. It opens with a short list of apparatus and chemical reagents needed for ordinary urine testing, then there come simple rules for the tests, a short article on diet and the remainder of the book is made up of blanks for the recording and preserving analyses. It so often happens that the physician makes a series of tests in a patient's case which he wishes to preserve for reference and comparison, and this book with its alphabetical index for the names of persons and the blanks offers all that could be desired. It is eminently practical and moreover when patients pay visits at long intervals it records the state of the urine each time it is examined. This book is recommended to all physicians. A separate pad of blanks is also issued by the same author in case it is desired to test urine for another physician.

THE PHYSICIAN'S GERMAN VADEMECUM. A Manual for Medical Practitioners for use in the Treatment of German Patients. By Dr. Richard S. Rosenthal. Volume I, Gynecology and Obstetrics. Volume II, General Medicine. Chicago: The Rosenthal Publishing Company.

These manuals are about as good as most works of this kind but it is doubtful if they do very much good, for it rarely happens that the patient answers as the book lays down and then to one who repeats parrot-like these sentences, the whole conversation becomes a babel of tongues. The sentences are on the whole good but rather more stilted and extended than one is accustomed to use in an ordinary conversation between physician and patient. Some of the German sentences are

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verily alphabetical processions and are of the kind seen in conversation books but never heard in any conversation. These books, however, are not without merit and they may give a hint to one who already knows the German language.

MANUAL OF GENERAL MEDICINAL TECHNOLOGY, INCLUDING PRESCRIPTION WRITING. By Edward Curtis, A. M., M. D., Emeritus Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons. Third Edition. Pocket size (Wood's Pocket Manual Series), 245 pages. Price, $1.00.

This is an extremely useful little book and has a fund of information between its small covers. With the rapid increase of special preparations prescription writing is rapidly becoming a lost art and too many men cannot write a grammatical prescription. This book has reached its third edition and that is sufficient to recommend it. In this edition the text has been changed to conform to the revision of the Pharmacopeia.

REPRINTS, ETC., RECEIVED.

Fourth Annual Report of the Sharon Sanitarium, Sharon, Massachusetts.

Circular Insanity. Report of Three Cases. By William F. Drewry, M. D., Petersburg, Virginia.

Treatment of Insomnia. By Samuel Wolfe, A. M., M. D., Philadelphia. Reprint from the *American Therapist.*

Sanitary Climatology. Circular No. 4. Information Relative to the Investigation of the Influence of Climate on Health.

Remarks on the Treatment of Inevitable Abortion. By Charles P. Noble, M. D., Philadelphia. Reprint from the *Codex Medicus Philadelphiae.*

A New Method of Examination and Treatment of Diseases of the Rectum and Sigmoid Flexure. Howard A. Kelly, M. D., Baltimore. Reprint from the *Annals of Surgery.*

Celiotomy for Puerperal Septicemia and Peritonitis. By Charles P. Noble, M. D., Philadelphia. Reprint from the *American Gynecological and Obstetrical Journal.*

The Diagnosis of Pregnancy During the First Three Months. By Charles P. Noble, M. D., Philadelphia. Reprint from the *Transactions of the Philadelphia County Medical Society.*

CURRENT EDITORIAL COMMENT.

OPTICAL SCHOOLS.

The Refractionist.

AS AN outgrowth of the recent advances in refraction work and the accompanying idea that there is a mint in it, a class of persons, evolved from the old-time opticians, also jewelers and others acting on the principle that fools rush in where angels fear to tread, are claiming that refraction is a department like dentistry, and that one need not be a physician to master it. This delusion can be suppressed only by an enlightened public and the vigilance of the medical profession.

FOUR YEARS' MEDICAL COURSE.

Medical Record.

THERE is no doubt that four years is not too long a time to study medicine, yet there are many cases in which four years of college study are not needed. If a young man has spent four years in getting a degree of A. B. or B. S., if he then studies medicine three years, and at the end of that time enters a hospital for a year and a half he should be as well equipped to practice medicine as educational institutions can make him. There is developing a kind of four-year-course fanaticism among some of those who are in the propaganda for higher education. A previous college training and a year and a half in a hospital ought to entitle a man to get off with only three years of lecturing and reciting.

VACATION.

Atlantic Medical Weekly.

WITH the doctor his work is never done, his day never completed, his nights never his own and his vacation, although sometimes badly needed, something to be looked forward to for months and then to be foregone because, forsooth, he cannot in safety leave a patient dependent upon his skill and care. Every man should have a vacation. Every man would be better for one, and none would be the poorer in the long run by throwing aside his cares for a few weeks each year, even if he did lose an occasional family, even if he did cease the eternal grind for a livelihood and thereby lose a few dollars, but the busy doctor needs more than a vacation; he needs something to which he can turn his mind every day or at least as often as he feels the responsibilities of his business oppressing him.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 8. BALTIMORE, JUNE 8, 1895. WHOLE NO. 741

ORIGINAL ARTICLES.

RECENT EXPERIENCE IN THE ELECTRICAL TREATMENT OF FIBROID TUMORS AND CATARRHAL AFFECTIONS OF THE UTERINE TRACT.

READ BEFORE THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, AT CHAMBERSBURG, MAY 21, 1895.

By G. Betton Massey, M. D.,

Physician to the Sanatorium for the Electrical Treatment of the Diseases of Women and Diseases of the Nervous System and Gynecologist to the Howard Hospital, Philadelphia

IT has now been some eleven or twelve years since Apostoli claimed attention for his method of ameliorating and symptomatically curing fibroid tumors of the uterus by the use of electricity. After the lapse of such a time, and in view of the accumulated experience and testimony of many investigators, it is quite possible to draw conclusions of average correctness as to the true value of the method and its applicability to the different varieties of the affection.

To the conscientious physician who is thoroughly informed on this question there is no conflict whatever between the claims of electricity and surgery in the treatment of two classes of these cases. There are cases in which electricity in expert hands can give a hundred per cent. of practical cures, not necessarily cosmetic cures, but completely satisfactory in the comfort and well-being of the patient. There are also cases in which electricity can only do harm, and in which ablative surgery is not only wise, but imperative. In a third class true conflict occurs, and I may specify this class at once as made up of large tumors causing much deformity and which are either subperitoneal and thus beyond the direct range of electrical treatment, or else so inertly fibrous as to resist prolonged efforts at electrically induced absorption. Some tumors in the latter portion of this class may be arrested in further growth, it is true, but electrical treatment is apt to be so unlikely to cause material retrogression in size as to raise the question whether the patient should not undergo the dangers of an operation rather than endure the deformity. In this class pain and pressure symptoms are apt to have ceased since the emergence of the tumor from the pelvis into the abdomen, but if not, such symptoms are generally amenable to permanent relief by electricity.

Foremost among the cases that are too often operated upon though they clearly indicate electrical treatment are all small tumors in the initial months or years of their growth, often mistaken for painful displacements, ovarian disease, etc. In these cases a complete and permanent cure can be confidently anticipated. Hemorrhagic tumors of all sizes should always be placed under this treatment. I have never seen a failure in the cure of hemorrhage and pain, and the size will frequently be re-

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duced. Of the larger tumors clearly amenable to electricity the interstitial, multinodular growths are most promising, particularly when the tumor is somewhat symmetrically developed about the uterine cavity. Of this class I have had cases of actual disappearance by absorption, notably one as large as the adult head.

The class in which electricity is not indicated embraces all cystic or degenerating tumors, quickly growing tumors in which malignancy may be suspected, and all tumors associated with purulent inflammations of the appendages.

The prevention and cure of tubo-ovarian disease by arresting catarrhal affections of the uterine tract is one of the most important services of electrotherapeutics to gynecology. By tubo-ovarian disease, I mean chronic catarrhal inflammation of the Fallopian tubes, which by contiguity of structure has involved the ovarian periphery or stroma, resulting in infiltrated and enlarged tubes and ovaries. Clinically, the condition is manifested by almost continuous pelvic or sacral pain and by tenderness, aggravated by catching cold and at the menstrual periods. In a considerable proportion of cases the general health is more or less affected, nervous prostration and gastro-intestinal torpidity being frequently an accompaniment of the local condition. A bimanual examination will reveal an enlarged and fixed uterus, with boggy masses in one or both ovarian regions, and in some cases prolapsed appendages. The uterus will invariably be found affected, and at all stages of the disease.

In making a diagnosis of such a case we have been taught of late with much vigor not to neglect the conditions external to the uterus, the presence of which greatly modify the effect of our therapeutic efforts. So great has been the solicitude for this portion of the affected organs that scant attention is paid to the uterine trouble itself, in spite of its importance in the chronological order in which the parts are affected.

From the point of view of the prevention of tubo-ovarian inflammation attention to the condition of the uterus is most essential.

There can be no doubt that these attacks are all primarily catarrhal in origin, having an original focus of infection in the uterus, if not in the vagina. The vaginal seat of infection may be wanting, as in virgins, in whom a catarrhal affection may take its origin in the uterus from disordered menstruation, but in all cases it is in the uterus in which the lingering catarrhal condition remains long after its disappearance from the vagina. A subacute ascending inflammation of the mucous tract attends and follows the uterine catarrh in many cases, making an endometritis always deserving of our most careful attention, for it is while the disease is yet confined to the uterus that its cure constitutes a virtual prevention of tubo-ovarian catarrh. This is apparently a self-evident fact, yet a much neglected one.

I hardly need remind you that the present attitude of most specialists in the diseases of women is one of engrossing attention to tubal inflammation coupled with a practical neglect of its antecedent and initial lesion in the uterus. Completely occupied with the gross and harsh remedy for the former involved in their removal they call all attempts to intelligently direct the processes towards repair "tinkering," and present to us the spectacle of medical efforts only actively concerned in finishing the work of destruction rather than staying it.

No continuous muco-purulent discharge from the uterus should be neglected, particularly if it occurs in young girls. By early arrest of this process, in cases diagnosed as simple endometritis or endometritis associated with painful menstruation — menorrhalgia — I have had the satisfaction of restoring more than a score of girls and women to the enjoyment of full womanly health, in spite of the fact that some of the cases presented sufficient tubo-ovarian involvement already to induce other physicians to counsel an unsexing operation.

In the treatment of the uterine affec-

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tion nothing is equal to the positive pole of the galvanic current within the uterus, in doses from 15 to 25 milliampères. In cases that resist this remedy I have recently resorted to a modification of a method introduced by me: zinc-amalgam cataphoresis, which adds to the microbicidal and alterative effect of electricity the effect of nascent oxy-chloride of zinc and mercury released by electrolysis in immediate contact with the diseased mucous membrane. If the affection has already reached the tubes and ovaries all intra-uterine treatment must be used with caution though still essential at intervals, the greater number of the applications being vaginal. If the general health has been affected by long continuance of the disease, or by a natural nervous erethism, we must conjoin with this treatment the main features of the rest cure and general electric treatment.

This method will be at times successful in cases that have reached the stage of purulent accumulations in the tubes, the curative process ascending from the uterus as the diseased process had ascended, resulting in a drainage of the tube through the uterus.

But the uterine route is by no means the only one to reach the tubal and ovarian mischief, whether the uterus demands treatment or not. We can hasten absorption of effusions and infuse new tone into relaxed glandular and muscular tissue by stimulation of the lymphatics and sympathetic nerves of the pelvis. The clinical importance of these two sets of draining and controlling agencies is too often neglected. On them alone depends the practical restoration of organic and tissue integrity, and any method by which they may be directly stimulated gives us the means of initiating an active remedial process. The usual remedies now employed for this purpose are copious hot vaginal douches and application of tincture of iodine to the vault, both or either being at times of marked service. A more efficient stimulation of the lymphatics in chronic cases is the negative pole of the galvanic current, applied by means of a moist cotton-covered electrode. If this is properly placed to include the local trouble between it and the opposite pole the current bulk will traverse the affected structures, and in the tissues surrounding the electrode there will be a marked quickening of trophic processes. To lessen congestion, remove pain and tenderness and contract relaxed muscular tissue the fine faradic current should be used with a bipolar instrument, daily or thrice weekly.

SARCOMA OF THE KIDNEY IN CHILDREN.—From a study of a number of cases of sarcoma of the kidney Dr. D. A. K. Steele concludes, in *Medicine*, as follows:

1. These new growths of the child's kidney are often congenital.

2. They are usually unilateral; when bilateral it is from secondary infection of the other kidney.

3. They are primarily extra-renal, and surround rather than infiltrate the renal tissue.

4. Round-celled is the most common form of these sarcomas.

5. They are of exceedingly rapid growth, and destroy life by exhaustion.

6. They are uniformly fatal when treated medically, the duration of life being from four to twelve months from the time the disease is first observed.

7. Nephrectomy offers the only hope of cure or prolonging life in these unfortunate cases.

8. More accurate early diagnosis and prompt operative interference has lowered and will continue to lower both the primary and secondary mortality.

9. The extra-peritoneal route is preferable when the tumor is small.

10. When large, a trans-peritoneal incision is imperative.

11. It may be either transverse or vertical; considering the nerve supply of the parts, the transverse would seem the better.

12. The operation of nephrectomy in these cases is justifiable, and we are not doing our duty as surgeons to our little patients if we withhold the only chance they have for life.

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CARELESS AND UNSCIENTIFIC MIDWIFERY,
WITH SPECIAL REFERENCE TO SOME FEATURES OF THE WORK OF MIDWIVES.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AT ITS NINETY-SEVENTH ANNUAL SESSION, APRIL 23-27, 1895.

By W. S. Smith, M. D.,
Physician to the Police Department, Baltimore.

IN the performance of the various duties that belong to our profession we are ofttimes brought in contact with conditions which arouse our sympathy as well as demand our scientific aid.

In my own professional career nothing has thus far so deeply impressed me as the observations made in the lying-in chamber, where the parturient woman has to undergo not alone the unavoidable and natural pains of childbirth, but too often, also, the far more serious suffering brought upon her by the gross manipulations and hazardous practices of ignorant and officious midwives. These observations, I regret to say, have lately happened with such frequency as to induce me, or, I could more truly say, provoke me, to present this paper to the Faculty ; and if I should succeed in attracting your attention to the subject, I shall feel that my crude remarks upon a commonplace and uninviting topic are not altogether valueless. Such a hope, at least, together with a sincere desire to assist, however feebly it may be, in the satisfactory solution of a perplexing problem, constitute my only apology for appearing before you on this occasion.

I know full well that there is no necessity for me to adduce arguments or relate experiences to you to show the incompetency of midwives as we meet them at the present day. Three-fourths of them have absolutely no knowledge of the physiology of labor, or of the dangers to which a lying-in woman is exposed. It is therefore a reasonable and natural deduction that almost everything they do is in violation and defiance of the well known principles applicable to scientific midwifery. Since, however, I am so unfortunate as to reside and practice in a community where they are especially numerous, and it is thought especially unskillful, I have thought that a brief reference to recent cases illustrative of their more common and dangerous procedures might not be uninteresting.

Mrs. K., aged 22 years, was confined in December last ; she was a lady with excellent personal and family history, muscular and well-developed, with ample pelvis and normal birth-canal. One week after her confinement I was called to see her in spite of the protestations of her nurse that she only had "malaria" and would soon be "all right." Her peculiar appearance and the offensive odor emanating from her at once led me to suspect septicemia, and upon examination my suspicions were confirmed. I found a mass of putrid placental debris in the uterine cavity and a deep laceration of the cervix. The usual treatment of cleaning out the uterus, applying hot carbolized vaginal douches and administering supporting remedies, was at once instituted, but although her temperature fell somewhat, she soon succumbed to the septic intoxication. The husband informed me that she had been given a large amount of ergot in the beginning of labor, which, to my mind, satisfactorily explained the laceration of the cervix, the difficulty in delivering the placenta, as well as the sad events which followed.

Another case of a different character was that of Mrs. F., a young woman whose general health was good, but who had a contracted pelvis. This was her second unsuccessful attempt at delivering a living child, and her sister had died shortly after an instrumental labor. These facts were well known to the midwife, who, notwithstanding, had been

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in attendance forty-eight hours when I was called. I found that the membranes had been ruptured and that the uterus was in a state of extremely rigid and tetanic contraction due to the influence of about two ounces of ergot, which had been administered to her, as was said, to expedite (?) her labor. Efforts at version proved unavailing, and not having the necessary instruments, I sent for Dr. L. E. Neale, of this city, who with my assistance, and that of a great deal of perseverance and physical prowess, finally succeeded in delivering by means of cephalotripsy. Fortunately, this woman's uterus was not ruptured, and by the assiduous use of antiseptics, infection was prevented; but it was not through any want of carelessness or of vigorous efforts to force delivery through an impassable mechanical obstruction that she did not meet with the same fate as the lady to whom I have just referred.

I will cite another case, that of Mrs. E., a multiparous woman, who had previously had no difficulty during the parturient period. She had been in labor only about two hours when I was sent for in great haste in the middle of the night; this time the midwife wanted me. Hurrying to her bed-side I found an absolutely normal presentation; in fact, the child's head was resting on the perineum almost at the vulvar outlet, but all pains had ceased. Nothing could be easier. The forceps were applied, the head was simply lifted from its resting place, and delivery was completed without the slightest trouble. Here was a case of simple uterine inertia, with a non-resistant perineum in which an oxytocic was clearly indicated, and would have given relief in a short time. None, however, had been employed, and the greatest fears were entertained for the woman's safety.

In the practice of a certain other woman, whom I have in mind, I was for a time somewhat at a loss to understand the remarkable number of still-births. As they occurred for the most part in healthy multiparae, I concluded that the cause could be traced to her rather than to any abnormalities with which she had to deal. After I had learned the extent of her obstetric work and discovered the freedom with which she used her "forcing drops" the mystery was cleared up. At least, in several cases I am able to say that every other cause was carefully excluded, and I was irresistibly led to believe that nothing else explained the fatalities. The mode of action of ergot in these cases being a mechanical compression of an incarcerated cord, an interference with uteroplacental circulation, or a peculiar toxic influence which it is known to have.

Many other cases might be cited, but these few I think will bear me out in saying that monthly nurses are almost always utterly ignorant of the conditions with which they have to deal, entirely unfamiliar with the indications for the use of drugs, inexcusably negligent in not calling for aid when they know it is required, and criminally culpable for their assumption of the functions of a physician in the most serious cases. The injury that is being done by these audacious and unskilled individuals, both in the sacrifice of human life and the production of chronic invalidism, is simply incalculable. Tarnier, the celebrated French obstetrician, has said "In the country as in the town, in the most magnificent palace as in the humblest cottage, the enemy of the lying-in woman is the microbe." This is a forcible statement of a scientific fact, and I would not amend it save to say that it is not the microbe *per se* that is at fault, but the hand which permits or causes its transportation to the vulnerable parts of woman's organism. And the typical old gin-guzzling midwife, with her pockets full of "forcing drops," her mouth full of snuff, her fingers full of dirt and her brains full of arrogance and superstition, is at least the greatest palpable enemy of a physiological puerperium. There is, as I have intimated, something peculiarly pathetic in the death of a woman under such circumstances as I have related; and while I would not raise my hand to hinder any human being in the proper pursuit of an honorable avocation, I think that some corrective influence should be brought to bear upon this stupendous wrong.

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In other countries, notably in England, Germany and Denmark, especial precautions are taken by police and sanitary authorities to supervise the work of midwives and hold them to strict accountability. Indeed, in many of our own large cities the question has been agiiated with more or less effect. Is it not time that we also should take some decided steps in this direction?

I shall now speak of the attitude and habit of the general practitioner in his obstetric work. The wonderful achievements of recent years point unmistakably toward the path along which a practically unanimous profession will eventually tread. Indeed, all specialists in this line and all the large Maternities are at present pursuing substantially the same course in obstetric management. But among private practitioners there is still shown an adherence to antique methods which is greatly to be deplored. Why this should be, it is somewhat difficult to explain. Bacteriology, that prolific realm in the microscopic world, is, as we must admit, often based on uncertain theories, and is still chiefly an experimental branch of pathological research; but, new though it is, it has already led to the most brilliant practical results, and has influenced to a greater degree our knowledge and our treatment of disease than any other department of medical science. And, among its accomplishments, nothing, it seems to me, should be more cheering and gratifying to us than the light which it has thrown upon the subject of puerperal infection. I think we may safely say that the introduction and scientific application of asepsis and antisepsis to surgical and obstetric practice marks the greatest advance in medical science which the present century has seen. It is now almost universally admitted that the so-called accidents and complications of the puerperal state are due to an infection, that the infecting agent is a micro-organism which gains entrance to the blood through some part of the genital tract, and that unless such organism be introduced these affections will not take place. And yet there are practitioners who hoot the idea of the aseptic or antiseptic management of labor. I would not be considered an enthusiast on this subject, but, if err I must, I would rather err upon the side of unwarrantable enthusiasm than upon that of unjust and unreasoning apathy. I would not be carried away by the alluring suggestions and golden promises that are being held out by microscopists throughout the world, for "Oft expectation fails, and most oft there where most it promises;" and, on the other hand, I would not be so blinded by custom and prejudice as to fail to recognize and profit by the enduring and substantial facts which have been laid before us.

Many honorable and able physicians do not follow aseptic and antiseptic principles because they considered them superfluous. They have had, they say, hundreds of cases of confinement without losing a single patient. This at first sight seems a strong and convincing argument, but, while they may not have had a death from what they choose to call puerperal metritis, peritonitis, or even acute puerperal septicemia, if they would go a little beyond the usual period of the lying-in and search for their cases of pneumonia, pericarditis, endocarditis, arthritis, abscess and typhoid fever, they would find many of them traceable to puerperal infection. Besides this, mortality alone is not the only factor to be taken into consideration. Innumerable cases of permanent ovarian, tubal and uterine disease date their origin from the parturient chamber. Another argument used by the opponents of scientific midwifery is that labor is a natural process, and requires, as a rule, no scrutiny or precautions on the part of the accoucheur. This is equally untenable, for no matter how naturally or with what comparative ease a woman may pass through her confinement, she is in all cases a wounded woman; presenting to us, not only the extremely sensitive and receptive uterine wound, but numerous tears, contusions and abrasions of the genital tract, which, while they may not be perceptible to us, are yet sufficiently large to admit myriads of pathogenic microbes. There is always a certain

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amount of traumatism connected with the parturient act, and no woman can with scientific accuracy be said to be free from danger because her labor has been normal. Then again it has been said that aseptic midwifery involves an expenditure of money and a waste of time, and is for that reason inapplicable in many cases. The truth is that, with a proper appreciation of the object to be attained, it may be so simplified as to be practicable in any household. Fortunately, public sentiment is being enlightened on this subject and is beginning to demand the advantages of scientific work in midwifery. And, as we are in a certain sense the guardians of those who have committed their physical welfare to our professional keeping, we should feel that they have a right to demand the best treatment which knowledge and experience have placed at our disposal, and that ours is the duty to give it to them. Real progress in science cannot be measured, as we know, by laboratory researches, but by the degree of service which such researches render the physician in the advancement of the healing art.

I began my paper in an apologetic strain, and I shall close it in like manner. I am conscious of the fact that I have offered nothing new, and that to most of you my remarks seem like a thrice-told tale. It may be, however, that there are some general practitioners among us who, like myself, have not hitherto sufficiently appreciated the importance of the work that is going on around us. To such especially would I direct my humble effort, with the hope that in our future labors in this important field we shall look with greater favor and consideration upon the magnificient results which have been obtained by the faithful observance of aseptic and antiseptic methods. I do not know to what extent the Faculty has in former years considered or discussed the subject of midwives, but I am convinced that there is urgent need for some definite co-operation on the part of the profession designed to restrict, if not to eradicate, the great evils which flow from the unbounded and unguided freedom with which careless and ignorant women are accustomed to pursue their self-appointed work.

THE EXTERNAL APPLICATION OF PILOCARPIN IN NEPHRITIS.—Mollière (*British Medical Journal*) advocates the treatment of the various forms of Bright's disease by the inunction into the skin of the trunk of a dilute ointment of nitrate of pilocarpin. This method of administering pilocarpin was first suggested and applied, chiefly for affections of the joints, by the author's brother, Daniel Mollière, in 1882. He believed that he in this way secured a purely local diaphoresis with a minimum dose of the alkaloid, and without the inconveniences and dangers (collapse, etc.) which sometimes attend its subcutaneous injection. The *modus operandi* in cases of Bright's disease is as follows: An ointment is made of nitrate of pilocarpin with white vaseline 1 in 1000 or 2000. About ʒ iij of this is rubbed into the skin over the whole of the trunk, which is then enveloped in a thick layer of cotton wool and waxed linen, the whole maintained in place by bandages. This "carapace" may be left on for several hours, or even until the reapplication of the dressing on the following day. In ordinary cases this treatment may be repeated daily for ten to fifteen days. Mollière finds the results of this treatment exceedingly satisfactory, even when, as in his later cases, the usual restriction of diet and other routine treatment have not been combined with the inunction. In acute cases threatened uremia is averted and the dyspnea is relieved; there is profuse diaphoresis and salivation, increase in the amount of urine, and diminution of albumen, and a rapid disappearance of anasarca. The cure is rapid and complete. In chronic cases he claims that it produces greater alleviation of symptoms and prolongation of life than any other remedy.

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SOCIETY REPORTS.

ASSOCIATION OF AMERICAN PHYSICIANS.

TENTH ANNUAL MEETING, HELD AT THE ARMY MEDICAL MUSEUM AND LIBRARY, WASHINGTON, D. C., MAY 30 AND 31, 1895.

THE meeting was called to order by Dr. William Osler, who delivered the President's Address, in which he asked how far the Association had fulfilled the object it had in view at the beginning, and if the aspirations and hopes had been realized in the advancement of scientific medicine. This was an organization with no code of ethics, no medical politics; no one cared who were the officers and who were not. It was not asked from what part of the country a member came, but has he done good work, and still more if he has anything worth saying and can he say it? Nine volumes of transactions show what has been done. Some of the most noteworthy papers of the past ten years have been brought to light before this association and all the questions of the day have been discussed. The classical works of Fitz and Draper have been brought before the Association, and in the discussions such subjects as the diagnosis of diseases of the stomach, of the pancreas, dysentery, infarction and other affections of the bowels, heart disease, sclerosis of the arteries, the mutual relation of renal, arterial and cardiac changes, anemia and chlorosis, thrombosis in chlorosis, myxedema treated with thyroid extract, removal of the ovaries and tubes, subphrenic abscess, acromegaly and lead poisoning had all been discussed.

Dr. Osler said "Our Association has had already a potent influence on the study of pathology and clinical medicine in this country. We need, however, a larger growth of men who are devoting themselves exclusively to these branches. The rapid progress of the medical schools has increased the number of teaching positions in the scientific branches and there is at present an actual scarcity of thoroughly trained pathologists and bacteriologists to fill them. There is no need to insist upon the necessity of accurate and careful training in the development of workers in these branches. I do not think the profession of this country understands as yet the art of training special clinical physicians who have taken too much for granted that such men develop readily in the routine of family practice. True, along this path some of the most noted men of our ranks have traveled, but the time has come when able young men should be encouraged to devote themselves to internal medicine as a specialty, content to labor and wait during the first ten or fifteen years of professional life with pathology as the solid basis of development. Such men will pass to the wards through the laboratories thoroughly equipped to study the many problems of clinical medicine, they will gain the confidence of their professional brethren and by their accuracy and skill through them will reach the public and a large practice. Such an opportunity and career is within the reach of every physician in any city with a hospital of fifty beds."

Dr. Osler then referred to the fact of a number of members that had died since the formation of the Association and particularly eulogized Drs. Alfred L. Loomis and Wm. C. Dabney, who had died in the past year.

Dr. B. K. Rachford of Cincinnati then read a paper entitled Leucomain Poisoning, in which he said that this kind of poisoning might manifest itself in a true migraine, as a migrainous epilepsy, or as a migrainous neurosis. In these cases he had by carefully examining the urine isolated two substances, xanthine and paraxanthine, which were evidently the cause of these troubles. These were present nearly always during the attacks and disappeared in the intervals. Usually it took a large quantity of urine to discover even a trace of them, but in these attacks they were easily isolated. In his experiments he found that the permanganate of potassium was an antidote and had used it in some cases with success.

Dr. F. P. Kinnicutt of New York asked if he had examined the urine in cases of tetanus. He had had two cases

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of tetanus in one of which he had an autopsy and in both there were evidences of gastro-intestinal disturbances with dilated stomach.

Dr. W. H. Thomson of New York had seen such cases and had used the benzoates of sodium and ammonium with success. These cases seemed to occur in groups and he thought there were evidences of a cumulative action of the poison as in uremia.

Dr. Rachford in conclusion in answer to Dr. A. H. Smith said that he had used the permanganate of potassium as an oxidizer although he had no evidence of its action in this way. In answer to Dr. Shattuck he said that the examination took three to four weeks for completion and in answer to Dr. Graham of Toronto he said that he did not find these leucomains before the attack. He had had no opportunity of studying tetanus as he had had no suitable case, but he had it in mind. The subject has an important bearing on uremia and allied conditions.

Dr. A. C. Abbott of Philadelphia then read a paper on The Effects of the Gaseous Products of Decomposition upon the Health and Resistance to Infection of Certain Animals that are forced to Respire them. He put rats, guinea pigs and other animals under a bell jar and compelled them to respire air from decomposing meat infusion, sewerage, urine, etc., and some of the animals were inoculated with cultures of the bacillus of typhoid fever. The general condition of these animals during the experiments, as determined by their outward appearance, appetite and daily fluctuations in weight, was as good as that of other animals kept under the ordinary conditions of the laboratory. As a result, the conclusion seems justifiable that, as ordinarily respired, the air of sewers, or that from other bodies undergoing decomposition and putrefaction, has either not the power of inducing pathological conditions at all, or, if it has, such conditions are not demonstrable by such laboratory methods of experimentation as we have practiced on rabbits and guinea pigs.

Dr. C. Baumgarten of St. Louis then read a paper on Renal Affections following Influenza, in which he reported eight cases, from which it appears that damage to the kidneys is a frequent, and sometimes a serious, consequence of grippe. Besides transient albuminuria, there have been found acute degeneration of the kidney, acute inflammation, both forms of chronic diffuse nephritis, and cases of persistent albuminuria not plainly belonging to one of these groups. The injurious influence on public health exerted by an epidemic of grippe may last much longer than the epidemic itself, by reason of renal and other sequels.

Dr. A. Jacobi of New York said he had frequently seen cases of this kind and he said but for the use of the centrifuge in urinary analysis he would have failed to find casts in many cases. It is due to the toxines of these diseases, as similar condition is observed during and after attacks of diphtheria and typhoid fever, but it is not like the post-scarlatinal nephritis. Many of these cases after influenza get well without treatment.

Dr. James Tyson of Philadelphia said he had seen persons who suffered from this trouble after grippe. Also in cases of cyclic albuminuria he found that after grippe it was worse.

Dr. F. C. Shattuck of Boston referred to cases which he had seen. He thought there was a distinction between the different kinds of nephritis of these various diseases.

Dr. M. H. Fussell of Philadelphia said he had discovered several cases of this kind which convinced him of the great importance of the routine examination of the urine in all cases.

Dr. A. H. Smith of New York had found the complications more often than was usually supposed.

Dr. Baumgarten said in conclusion that we must distinguish between those nephrites that come on during and those that come on after an attack of these diseases.

Dr. George M. Sternberg, Surgeon-General U. S. A., then made a Report on Immunity against Vaccination Conferred upon the Monkey by the Use of the Se-

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rum of the Vaccinated Calf and Monkey. This work was done by himself and Dr. Walter Reed, Surgeon U. S. A. He inoculated calves and monkeys with serum of vaccinated calves and even used the fresh blood serum of persons who were recovering from smallpox and noted its effects on vaccination and on the course of the disease. Immunity was established in the monkey for thirty days, but the method was as yet impracticable, as it took too much of the serum to have an immunizing effect.

Dr. James T. Whittaker of Cincinnati then read a paper on the Etiology of Idiopathic Hypertrophy of the Heart, in which he spoke of hypertrophy independent of valve disease or obstacle to the circulation in the heart itself. The term is a misnomer. The condition is more frequent than is commonly believed. Hypertrophies are due: 1. To increased resistance in the vascular system. For example, arterio-sclerosis. 2. To diseases of the heart muscle from infection, degeneration, etc. 3. To affections of the nervous system. The hypertrophy may be that of age, of work, of plethora, of pregnancy, of alcohol. It may come from Bright's disease, from diseases and deformities of the chest, emphysema, kyphosis, from myocarditis, syphilis, gout, diabetes, from irritation of the vagus, from abuse of tobacco, from excess in venery, etc.

Dr. J. P. Crozer Griffith of Philadelphia read a paper on The Transmission of the Mitral Diastolic Murmur, in which he called attention to the fact that these murmurs were often heard far outside of the area usually laid down in the books and even behind, and he presented charts to prove his point.

Dr. James Tyson of Philadelphia had seen one of these cases and had also observed the fact in other cases.

Dr. James T. Whittaker of Cincinnati said it was not so much the position of these murmurs as their points of greatest intensity.

Dr. Charles Cary of Buffalo spoke of the intensity of these murmurs and the condition of the valves causing them so that they must almost always be also a regurgitation and the murmur may extend through the diastole into the systole.

Dr. John H. Musser of Philadelphia said he was familiar with the work of Dr. Griffith and related a case of hypertrophy in which he thought a resulting mitral regurgitation rather helped matters and removed the headache and other unpleasant symptoms.

Dr. McPhedron of Montreal thought that the murmur might depend on the tension of the pulmonary circulation.

Dr. A. H. Smith of New York thought that the want of coaptation of the mitral valves might cause a regurgitation as well as a stenosis and he thought that perhaps in health there was at times a mitral regurgitation.

Dr. Stockton asked if the murmur were diastolic or presystolic.

Dr. Griffith in closing said that what he called a presystolic was a murmur during the diastole. He made his diagnosis on the position and point of greatest intensity.

Dr. A. H. Smith of New York then read a paper on the Use of the Differential Stethoscope in the Study of Cardiac Murmurs. He thought that if the hearing were good in both ears, a differentiating stethoscope would help to distinguish synchronous and alternate sounds. The ear could easily be trained.

Dr. James T. Whittaker thought that while the position of the sound differences might be interesting the condition of the heart muscle was a much more important point.

Dr. Charles Cary of Buffalo read a paper on The Cause of the Exaggeration of Sounds over the Right Upper Chest, both in Health and Disease, in which he demonstrated some specimens to show that there was an anatomical reason for the difference between the two sides of the chest and showed the points of resemblance and difference between the two sides. This paper was discussed by Drs. Griffith and Tyson.

Dr. Charles G. Stockton of Buffalo reported two cases of Fat Necrosis.

SECOND DAY, FRIDAY, MAY 31.

Dr. William H. Welch opened the Discussion on Antitoxine. The decision of this subject rests more with clinicians

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than with the bacteriologists. The two most prevalent theories are the chemical and the vital. The latter has more followers. There is evidently a quantitative relation between the toxine and the antitoxine. There is no means of knowing how much toxine is in the blood and how much antitoxine should be given. The benefits of this treatment are very doubtful when the antitoxine is injected after the third day. Some are in favor of calling all sore throats diphtheria where the Klebs-Loeffler bacillus can be demonstrated. This would include cases not counted before. It is found in healthy throats and mild anginas. Now if these very mild cases which cannot be recognized clinically are to be put down as diphtheria the statistics will be influenced very materially. On the other hand there are certain cases of pesudo-membranous inflammations of the throat which are like diphtheria but which are not, because the Klebs-Loeffler bacillus is absent and these cases were called formerly diphtheria and now they are not. He believes that large hospitals and boards of health give a wrong impression of this. These examinations are made in a routine manner by young men, often inexperienced, and considering the difficulty we must say that it is often there and not discovered. The antitoxine cure is not different from the natural; in fact, it is the natural cure only hastened by the antitoxine artificially introduced. If statistics are to be believed they show that the mortality of this disease has been reduced. Some say that the past few epidemics since the use of antitoxine have been especially mild; others say that the agitation in the public press has caused people to seek treatment earlier which brings about more cures, and the discovery of the specific bacillus causes many mild cases to be treated successfully which increases the number of cures and thus affects statistics. Some cases fail to respond to the treatment for some unknown reason. Those treated before the third day stand a good chance for recovery. Then the clinical impressions of such men as Baginsky, Widerhofer and others are to be considered. They are all inclined to think it is a benefit. Some say that the after-effects of the antitoxine, as albuminuria, skin eruptions, etc., are against the treatment. These effects are only temporary. It will take a long time and many cases before proper conclusions can be drawn.

Dr. Mason related his experience in the Boston City Hospital. The mortality had been certainly decreased. School examiners have found more cases and this affects statistics. The effects on the attendants, nurses, etc., was different. There is not so much fear. Hospital cases are generally advanced and give fairer statistics.

Dr. A. Jacobi of New York was much impressed with this treatment but thought the numbers from which to draw conclusions were too small. He had known of former years when the results of treatment by the mercury method were just as good as there are now and in his cases he used other things besides the antitoxine. He thought albuminuria was no more frequent but the urine is now more carefully examined than formerly. He thought the clinicians were too much in the hands of the bacteriologists. Diphtheria was not always caused by the Klebs-Loeffler bacilli alone but by streptococci and other organisms as was well known and many other conditions would show that the clinicians accept too blindly the statements of the bacteriologists.

Dr. John S. Billings said the statistics were of no value unless carried over a long space of time. The hygiene of the case and its surroundings should be taken into account.

Dr. Mason said the proper way to compare was by seasons.

Dr. A. C. Abbott of Philadelphia said that clinicians look to bacteriologists for help and the etiology of disease was in a very chaotic state until the bacteriologists lent a helping hand.

Dr. George M. Sternberg said that persons were skeptical because of the failure of experiments on animals with tuberculin.

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Dr. F. H. Williams of Boston had used antitoxine with good results, when it was applied in the first forty-eight hours. He showed his glass syringe packed with asbestos and with a rubber tube between syringe and needle. This could be sterilized.

Dr. William Osler related a series of cases in four of which no organisms could be found.

Dr. D. W. Prentiss of Washington, D. C., exhibited a case of Purpura Hemorrhagica Rheumatica which he had shown to the Association in 1889. The boy was almost blind, but he followed his trade of carpenter. He had treated him with phosphorus with good results.

Dr. William Osler said that Henoch had described this disease very thoroughly. First, there are recurrences; second, there are marked gastro-intestinal crises which may occur without any other manifestations; third, the symptoms may be articular; fourth, there may be hemorrhages under the skin, erythema multiforme, simple edema, hemorrhages from the mucous surfaces and with all this an acute nephritis in some cases. There is little literature on the subject in English and the best work is found in Henoch's Festschrift. This was also discussed by Drs. Stockton and Prentiss.

Dr. J. G. Adami of Montreal then reported a Case of Madura Foot Disease (Mycetoma Pedis) which was probably the first case of its kind reported on this continent, in which the microscopical picture was much like that in actinomycosis.

Dr. William P. Northrup of New York read a paper on Gonorrheal Arthritis, in which he reported several cases showing the joint affected, the swelling, exquisite sensitiveness, little fever, short course of four weeks and recovery with perfect joint and effusion usually only serous.

Dr. William H. Welch referred to the absence of pus in the joints and spoke of the joints opened by Dr. Halsted and the hemorrhagic effusion found by him. The success with the cultivation of the gonococcus had not been very great until lately. He related a case in which Dr. Flexner had accidentally found that an extract of the fetuses of pigs formed a good culture medium. He showed the specimen of another case in which there was a gonorrheal endocarditis and in which Dr. Flexner had during life extracted some blood from the patient and had made a culture medium with it and agar and found the gonococcus on it.

Dr. F. C. Shattuck of Boston, on looking up the literature of the subject, was surprised to find so many cases of two or more joints affected, contrary to his ideas and to the general belief. The paper was further discussed by Drs. Cary, Mason, Griffith, Adami, Roosevelt, Osler and Northrup.

Dr. A. Jacobi of New York then reported a Case of Hyperthermy up to 65° C. (148° F.). The man fell on a steamer and struck his head. He afterwards came into hospital and his temperature began to ascend and broke thermometer after thermometer and finally when it reached 148°F. he ran away from hospital.

Dr. William H. Welch said that Dr. Jacobi had omitted the case of Galbraith of Omaha, which went up to 171°F. This case was further discussed by Drs. Shattuck, Dock, Fussell and Jacobi.

Dr. J. Guitéras of Philadelphia made Some Observations on the Spleen and Marrow in Leukemia.

Dr. F. H. Williams of Boston exhibited a Comfortable Way of Using Cold in Fevers.

Dr. George Dock of Ann Arbor then read a paper on Goiter in Michigan, the object of which was to call attention to the prevalence of goiter in Michigan and its vicinity, with the view of exciting a greater interest in the subject. Although the disease is often so mild that it does not require treatment, it is sometimes severe. Allied diseases, like myxedema and cretinism, do not seem to be less rare there than in other places. A relationship with water supply must exist, a point to which attention is called in reference to prophylaxis. This

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was discussed by Drs. Henry M. Hurd of Baltimore and Osler.

Dr. J. E. Graham of Toronto read a paper on Displacements of the Liver, in which a brief account of the literature of the subject was given; a short description of three cases met with in practice; the etiology, symptoms, diagnosis and treatment of displaced liver; and a tabulated statement of thirty published cases.

Dr. M. H. Fussell of Philadelphia read a paper on Carcinoma of the Liver with Cirrhosis, in which he reviewed the literature of the subject from an article by Kelschard Kierer, in Archives de Physiologie, 1876 to the present time. There was absence of any note of the conditions in the English language. He cited two cases and showed the relations of the cirrhosis to the cancerous growth, and considered the origin of the cancer cells, whether from the hepatic cells or intertubular ducts.

Dr. S. C. Busey of Washington, in collaboration with Dr. George M. Kober, read a paper on Milk as a Morbific and Infective Agent, with Tables of 134 epidemics of Typhoid Fever, 73 Scarlet Fever and 27 Diphtheria Due to Milk Infection.

Dr. W. P. Northrup of New York read a paper on Forcible Artificial Respiration, in which he exhibited the Fell-O'Dwyer Apparatus and gave an account of cases where artificial respiration was maintained four, twelve and twenty-five hours, in fracture of the skull, with operation, opium poisoning, etc.

Dr. S. J. Meltzer of New York read a paper on the Direct Faradisation of the Mucous Membranes of the Stomach and the Intestines in Animals, Dogs, Cats and Rabbits. Against all clinical expectations, the experiment on animals revealed the surprising fact that neither the stomach nor the intestines can be brought to contraction by faradisation of their mucous membranes. Neither can the stomach be brought to contraction by application of one of the electrodes on the mucous membrane and the other direct on the muscular sheath of the stomach. The application of one electrode on the intestines, and the introduction of the other into the rectum, does not produce any contraction of the intestines, but kills the animal sometimes.

CORRESPONDENCE.

AMERICAN MEDICAL COLLEGE ASSOCIATION.

WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:—We may well congratulate ourselves on the achievements of the American Medical College Association. Who could have anticipated that the humble effort which was inaugurated against the advice of some on December 17, 1889, would lead to such results and in such a short period? The time seems to have been chosen and it needed but the spark to kindle the fire — or shall I say conflagration? — for it seems to be something more than a mere fire. The work has been accomplished with a rush and doubtless some have been most unwillingly forced along; but those who are in a condition to take an *impersonal* view of affairs must feel highly gratified at the vast and unexpected change and the great improvement secured in our schools and methods of instruction. As soon as I can find time, if it will be acceptable to you, I will, from the materials in my hands, write up the history of the movement from its inception. I think our Baltimore schools deserve great credit for it. The importance of the subject demands that an authentic record of the events connected with the founding of the American Medical College Association should be published. Apart from its inherent interest, it will show how small beginnings will sometimes lead to very great results and thus afford encouragement to the humblest among us to "act well his part" however insignificant that part may appear to be in the world's history.

Yours truly,

EUGENE F. CORDELL, M. D.

May 25, 1895.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, JUNE 8, 1895.

EVEN in these days of antisepsis and germs there still lurk in some parts of the world old fashions and old customs which nothing seems to affect. Dr. Smith tells us in this number of the unclean midwives that work havoc in confinement among the ignorant and poor. The law on the duties and obligations of midwives needs revision. They are supposed to be compelled to report all cases of sore eyes in babies just born and whether they do it or not no one knows, but how much more important would it be if they were compelled to be properly registered and examined as to their fitness and capability.

Unclean Midwives.

Every physician remembers in his early days of hospital and dispensary work among the poorer classes to have met these typical midwives who know more than all the physicians put together and who use their forcing drops and follow their old customs and traditions, against which the poor sick woman is helpless or too ill to protest. It has been shown so often that cleanliness is most important in the prevention of puerperal fever, ophthalmia neonatorum and other septic complications of the childbed condition, that the dangers of the unclean midwife can hardly be exaggerated. The time has come when the profession should take some stand and demand a reform and the public should be enlightened on the importance of this question. It would be impossible and probably wrong to drive the midwife out of her business, but she certainly can be dispensed with.

Malthus believed that with the rapid increase of population in the world there would not be occupation enough for all and there would follow starvation and misery, but his solution of this question was not to cause the death of helpless mothers and innocent babies; and at this time both mother and infant need the protecting hand of the physician, and the dirty midwife should be driven into other callings or so converted that she may be of use. By far the majority of births take place normally and without complication, and often even a midwife is not needed if some intelligent member of the family is at hand to assist, but in too many cases there are complications which the midwife or unskilled person does not comprehend and which too often cause the death of both mother and child.

Midwives, like some physicians, sacrifice their cases to a pride which prevents them from calling in consultation others who know more than they do. The time has come, as Dr. Smith has plainly shown, when midwives should not only be carefully watched, but when they should be registered and compelled by fears of punishment to give a strict account of each case treated, with the results.

The obstetrician and gynecologist reaps benefit from the mistakes of these women but the profession as a whole and the public too, if it had the necessary knowledge, would gladly drive these unclean murderers out of their unlawful business, if that could be done.

* * *

ON account of the extreme heat perhaps the meeting of the Association of American Physicians in Washington last week was not up to the standard. Many of the papers were trite and the discussions were scanty and forced. The President's address on the study of

Association of American Physicians.

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specialists in clinical medicine and the making of internal medicine a specialty was very timely in these days of extreme specialization.

Even if Dr. Abbott's very elaborate address reached negative conclusions they were extremely valuable and contained much food for reflection.

Dr. Rachford's remarks on the leucomains would be satisfactory in practice if every one could reach the same result that he did. The difficulty of finding the xanthines and paraxanthines in the urine would be positively prohibitive as few physicians carry urinary analysis to such refinement. Renal affections following influenza and the various papers on the heart were all rather ancient history and hardly worthy of the excellence which this Association attempts.

The discussion on antitoxine was rather trying in such weather and could have well been postponed until more definite facts had been obtained. Dr. Cary's models on the position of the bronchi had some signs of originality about it although it is extremely difficult to hit on any anatomical point which the thorough ancients have not already described. Dr. Williams's calm manner of comparing a bottle to a human being in reducing temperatures was not very edifying.

In some cases the discussions were very lively and interesting but in most instances papers were read and passed on without remarks, which probably was the best thing that could have been done, until Dr. Jacobi reported a temperature of 148°, the patient running away from hospital after this temperature. That was entertaining. Dr. Adami reported a very rare and noteworthy disease which had never before been seen on this continent and was well studied even though the author added that unfortunately he was married at that time and could not work up the case better.

The Association, as the President said in his address, is an organization with no code and no desires beyond reading scientific papers and contributing articles to medical literature and the nine volumes show what excellent work has been done, but like other small colonies, there is danger of degeneration. The membership is limited to one hundred and an excellent rule this has been in the past, but the question is, if no new members are allowed to enter would it not be a good idea to let some of the old ones who have been absent for three successive meetings drop out and make way for new blood?

It is to be regretted that the proposition to increase the membership limit to 125 failed to pass. The Association is undoubtedly the best national body in this country and has put forth solid work and its aim should be to keep this up by renewing its youth and taking in new grafts.

* * *

Investigating Water.

WARM weather does not seem to dampen the ardor of the average medical society member and for the past month conventions and associations have been and still are raging in the east and west. The last one to be noted is a convention of bacteriologists to be held at the Academy of Medicine, New York. It is called by the American Public Health Association to determine the possibility of establishing co-operative investigation into the bacteriology of American waters, and from the responses it will probably be a very important meeting and such work should be encouraged. Drinking water is a potent cause in several dangerous diseases and anything that is done to simplify and facilitate its examination is a step forward in the right direction.

Among those who will take part by reading papers or discussing, are Drs. William H. Welch, A. C. Abbott, George M. Sternberg, Victor C. Vaughan, H. C. Ernst and others.

One of the objects of this meeting is to agree on some uniform and easily interchangeable method of work and nomenclature so that, as in a language, the work of one man may be interpreted and used by another without confusion, and there will be an attempt made to establish some common ground-plan for systematic work in bacteriology in general and in the bacteriology of American waters in particular.

Many workers in laboratories have methods which would be of great use in this investigation if made public, and it is believed that in these laboratories there are many valuable but unpublished data upon these points.

In view of the importance of this meeting and the great practical advantage of this subject it is hoped that all laboratories will send representatives and all those taking an interest in this subject will attend this meeting.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 1, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		9
Phthisis Pulmonalis		18
Measles	58	2
Whooping Cough	3	1
Pseudo-membranous Croup and Diphtheria.	5	1
Mumps	2	
Scarlet fever	9	1
Varioloid		
Varicella		
Typhoid fever		3

Professor Huxley is improving.

The plague has reappeared at Hong-Kong.

The female oculists of the United States number 130.

The Texas health bill met defeat at the hands of the Legislature of that State.

The Trustees of the Johns Hopkins Hospital have begun an addition to the dispensary.

A statue of the illustrious Billroth was unveiled in the Hospital Rudolfinerhaus on April 25.

The seventeenth annual Congress of the American Laryngological Association will be held at Rochester next week.

Dr. J. S. Billings is said to have received ten thousand dollars for his Index Catalogue of the Surgeon-General's Office.

At the meeting of the American Medico-Psychological Association, to be held at Denver next week, Drs. Berkley, Rohé, Brush and Hurd will read papers.

A physician has been presented by the Grand Jury of Baltimore for illegally practicing his profession. The result of this prosecution will be awaited with interest.

Cholera is officially declared epidemic at Mecca, and in the villages along the Red Sea frequented by pilgrims. The pilgrimage is fortunately not as large this year as it was in 1891.

At the Johns Hopkins University, Dr. Simon Flexner has been promoted from Associate, to Associate Professor of Pathology and Dr. William S. Thayer was appointed Associate in Medicine.

In the Inter-State quarantine regulations recently issued by the Treasury Department, the quarantinable diseases are declared to be cholera, yellow fever, smallpox, typhus fever, leprosy, the plague.

The S. D. Gross Prize of $1000 has been awarded to Oscar H. Allis, M. D., of Philadelphia, for his essay entitled "An Inquiry into the Difficulties Encountered in the Reduction of Dislocation of the Hip."

The National Association of Railway Surgeons at its recent annual meeting at Chicago elected the following officers: President, Dr. J. B. Murphy of Chicago; Secretary, Dr. D. E. Welsch, Grand Rapids, Michigan; Treasurer, E. R. Louis, Kansas City.

The Supreme Court of Connecticut has recently decided in a suit brought against the Waterbury Hospital, for alleged maltreatment, that the Hospital was not liable, as no fees were paid to the attending physicians and no charge was made for treatment.

The American Gynecological Society elected the following officers for next year: President, Dr. Wm. M. Polk of New York; First Vice-President, Dr. James H. Etheridge of Chicago; Second Vice-President, Dr. Fernand Henrotin of Chicago; Secretary, Dr. Henry C. Coe of New York; Treasurer, Dr. J. Montgomery Baldy of Philadelphia.

As a memorial of the late Dr. Alfred L. Loomis, a site of 190 acres has been purchased in Liberty, Sullivan County, New York, on a plateau 2200 feet above the sea, and on this will be erected a building to be called the Alfred L. Loomis Memorial. Around the building will be grouped a number of cottages and the whole will be used as a sanitarium for tuberculous patients.

The inspectors of food for Baltimore inspected 13,016 gallons of milk during May and spilled 678 gallons. Two thousand six hundred and forty-five pounds of meat, 3025 pounds of fish, 160 pounds of poultry, cocoanuts and other food products were condemned. Thirty-four sweat shops were inspected and a number of orders to comply with the law as to cubic feet of air space were issued.

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WASHINGTON NOTES.

The regular weekly meeting of the Medical Society of the District of Columbia was held on Wednesday evening, May 29. Dr. D. Olin Leech read an essay on Cystitis. Dr. Walter Reed of the Army Medical Museum read a paper entitled "What Credence should be given to the Statement of those who claim to Furnish Vaccine Lymph free of Bacteria?" Dr. Reed showed by means of photographs the bacteria in the vaccine virus. There were some companies who claimed to have no bacteria at all in their virus, which was proven not to be the case. Dr. C. R. Dufour presented a specimen of Gumma of the Brain. He had the whole brain and showed the gumma at its base. It had been examined by Drs. Lamb and Reed, who pronounced it a true gumma. This specimen produced a lengthy discussion as to the size of doses of potassium iodide. Dr. Dufour stated that he had given thirty grains three times a day to his patient. Dr. Reed stated that he had known iodide of potash to be given in two hundred grain doses three times a day and larger. We would like to state that we ourselves have given it as high as three hundred and fifty drops of a saturated solution three times a day. The patient in this particular case did not show any marked improvement until he had gotten up to nearly two hundred drops three times a day.

The Clinico-Pathological Society has held its last meeting for the summer months and will not meet again until October 15.

At the next meeting of the Washington Obstetrical and Gynecological Society, Dr. J. Foster Scott will read an essay on "Criminal Abortion." There will be a discussion on this same sujbect by Drs. E. L. Tompkins and W. P. Carr.

There have been as many as five cases of sun-stroke taken to the Emergency Hospital alone in one day, during the last few days.

There will be a competitive examination for the position of Junior Assistant at the Emergency Hospital to be held at the hospital on Juue 17, to fill a vacancy that will occur July 1. Applications should be sent to Dr. Wm. H. Hawkes, Secretary of Attending Staff.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending June 3, 1895.

Leave of absence for one month and fifteen days, to take effect on his arrival in New York City, en route to his station in the Department of the East, is granted Major Timothy E. Wilcox, Surgeon U. S. Army.

UNITED STATES NAVY.

Week ending June 1, 1895.

Medical Inspector T. C. Walton ordered to examination preliminary to promotion as Medical Director.

Medical Directors G. S. Beardsley, B. H. Kidder and W. K. Van Reypen ordered as a Board to examine medical officers for promotion.

Medical Director N. L. Bates, Medical Inspector J. M. Flint and Passed Assistant Surgeon J. D. Gatewood ordered as a Board to revise the Book of Instructions for Medical Officers.

UNITED STATES MARINE SERVICE.

Thirty days ending May 31, 1895.

W. A. Wheeler, Surgeon, detailed as chairman Board for physical examination of applicant for appointment in Revenue Cutter Service, May 13, 1895.

J. H. White, Passed Assistant Surgeon, detailed as Recorder Board for physical examination of applicant for appointment in Revenue Cutter Service, May 13, 1895.

P. M. Carrington, Passed Assistant Surgeon, granted leave of absence for fourteen days, May 4, 1895.

J. B. Hamilton, Surgeon, granted leave of absence for five days, May 16, 1895.

G. W. Stoner, Surgeon, granted leave of absence for one day, May 22, 1895.

F. W. Mead, Surgeon, to proceed to Portland, Maine, and assume command of Service, May 18, 1895.

BOOK REVIEWS.

THE TREATMENT OF WOUNDS, ULCERS AND ABSCESSES. By W. Watson Cheyne, M. B., F. R. S., F. R. C. S., Professor of Surgery in King's College, London. In one 12mo. volume. Philadelphia: Lea Brothers & Co. 1895. Pages 207. Price $1.25.

This is a very complete little book by a well known author. He has described the methods which he uses himself and he is very thorough and clear in every particular. He believes that suppuration occurring in a wound made through unbroken skin indicates

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error in the methods and it is to warn against these errors that he has written this work. The make-up of the book is very attractive.

A MANUAL OF THE MODERN THEORY AND TECHNIQUE OF SURGICAL ASEPSIS. By Carl Beck, M. D., Visiting Surgeon to St. Mark's Hospital, etc. Small 8vo. With 65 illustrations and 12 plates. Philadelphia: W. B. Saunders. Pages 300. Price $1.25.

The author presents a combination of the practical and theoretical and while in no way original it is a very happy compilation. The most minute directions as to antisepsis in hospital and private practice are given and plates and figures are most lavishly distributed throughout the book. If everyone should follow his directions strictly the germs would lose their occupation.

A GUIDE TO THE ASEPTIC TREATMENT OF WOUNDS. By Dr. C. Schimmelbusch, Assistant in the Royal Surgical Clinic of the University of Berlin. Preface by Professor E. von Bergmann. Translated from the Second Revised German Edition with express permission of the Author, by Frank J. Thornbury, M. D., Lecturer on Bacteriology, University of Buffalo, N. Y., etc. 43 illustrations. New York. G. P. Putnam's Sons, 1895. Pages 233. Price $2.

This is a thorough exposition of the aseptic treatment of wounds and gives full and exact directions how to do an operation from beginning to end. It reflects the methods followed in the Bergmann clinic and receives the sanction of that surgeon. The translator has done his work well in most parts. He is not always uniform in his spelling of chemical terms. The publishers have executed a beautiful piece of work and worthy of their excellent facilities. An objection might be made to the highly glazed paper, which reflects artificial light rather too much.

REPRINTS, ETC., RECEIVED.

Clinical Lecture. By L. Webster Fox, M. D. Reprint from the *Charlotte Medical Journal.*

The Significance of the Presence of Lactic Acid in the Stomach. By Julius Friedenwald, M. D. Reprint from the *New York Medical Journal.*

The Prevention and Treatment of Ophthalmia Neonatorum, and the Necessity for more efficient Legislation to Prevent Blindness from this Cause. By Charles H. May, M. D. Reprint from the *Medical Record.*

CURRENT EDITORIAL COMMENT.

UREMIA.

Philadelphia Polyclinic.

WITHIN recent years the knowledge of uremia has been increased by accurate clinical and experimental studies. It is not our purpose to refer to these in detail, but merely to refer to some of the larger results. Modern pathology for a time gave an undue importance to micro-organisms and entirely misapprehended their action in exciting disease, but progress corrected this error and the tendency is now to give due attention to *materies morbi* that act chemically as poisons.

THE PHYSICIAN'S SOCIAL POSITION.

The Journal.

EVERY now and then some medical journal gives us a dismal editorial about the social position of the medical profession; about the lack of influence of the doctor in public affairs; about the inferior rewards of a medical career; or about the over-production of doctors; and then each writer falls to wondering why young men will still insist upon studying medicine. The most plaintive and doleful of these lays appear in certain of our contemporaries on the Eastern fringe; and they are pitched in so dismal a strain that one unconsciously feels that the writer must have chronic dyspepsia or a twinge of colic.

KEELEYISM.

Boston Medical and Surgical Journal.

THE theory upon which Keeleyism is founded, namely, that these elements of the nervous system can be suddenly forced back into normal action by the influence or shock of a violent stimulant or poison of another character, introduced into the system for a few days or weeks, is at variance with medical experience in this and all other forms of disease of long duration. The claim of Dr. Keeley and the syndicate representing him that 90 or 95 per cent. of cases of inebriety can be cured in a space of four weeks has not been substantiated by facts and efforts to secure legislation making the employment of this treatment compulsory in State institutions, especially when we consider the fact that the nature of their remedies is kept secret, are as absurd as if the proprietors of any secret remedy should endeavor to compel the use of their nostrum in public hospitals.

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All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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Physicians when communicating with advertisers concerning their articles will confer a favor by mentioning this Journal.

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MARYLAND MEDICAL JOURNAL,
209 Park Avenue, Baltimore, Md.

ECHOES FROM

THE AMERICAN MEDICAL ASSOCIATION.

EXHIBITORS at the Forty-sixth Annual Session of the American Medical Association held at Baltimore, May 7-10, were asked to give their views on the following questions. Replies have been published in all numbers of the JOURNAL since the Association meeting and will continue to appear for the next two or three issues.

QUESTIONS.

1.—What are your impressions of this Exhibit, either as compared with previous ones, or as considered independently of all others?

2.—(*a*) How do such exhibitions tend to promote the science of Medicine and Surgery? (*b*) Is their value to be estimated chiefly from a commercial standpoint?

3.—(*a*) Should not all delegates and visitors of medical organizations manifest a personal interest in such displays? (*b*) If so, how best can such interest be incited and maintained?

ANSWERS.

AMERICAN WOOD PULP CO., BOSTON.

Surgical Splints.

1. It was an excellent one from a business standpoint. Ours is a new article (Dr. Tracy's Splint Material) and has not been previously exhibited. The exhibition enabled the leading physicians and surgeons of the country to see, gathered at one place, the exhibits of those from all parts of the country who have contributed to the advancement of medicine and surgery. 2. (*a*) It is well for members of the professions to see what their brothers are doing in the way of improvement. "Seeing is believing" to some extent; anyhow, most men want to see wordly things before they will believe. 3. (*a*) Yes—for their own good. The exhibitor goes to the expense of providing an exhibit because he believes his goods will prove useful to the visitors to the exhibition. (*b*) Only by having the best exhibitors and latest improvements at the exhibition can interest in the exhibition be maintained; it has already been incited.

SEAWRIGHT MAGNESIAN LITHIA SPRING CO., STAUNTON, VA.

1. This is our first attendance and we are very favorably impressed. 2. (*a*) By bringing before the medical profession the most approved preparations and surgical appliances, and this attaches value to the (*b*) exhibits from a commercial standpoint. 3. (*a*) They should by all means, and it is evident that many of them do not. (*b*) By allowing exhibitors 5-minute talks during an hour appointed by the Medical Association to receive them.

CHAS. LENTZ & SONS, PHILADELPHIA.

Surgical Instruments, etc.

1. Compares very favorably with others. 2. (*a*) By the interchange of ideas. (*b*) Perhaps more from a commercial than any other standpoint.

THEODORE METCALF CO., BOSTON, MASS.

Manufacturing Pharmacists.

1. We consider the exhibit to have been very satisfactory, both as regards the variety and quality of the exhibits, thanks to the indefatigable labors of Dr. Winchester. 2. By representing to the members of the medical profession the latest improvements in medicinal preparations and appliances at a time when they are free to a certain extent from the cares of practice and when from their attendance at the various meetings and discussions of papers there is a greater stimulation to investigate the newer remedies than is possible at any other time. 3. It would be to the benefit of the exhibitors if all the physicians would visit the exhibit and it would certainly be of mutual advantage, as an exchange of knowledge is always profitable and many suggestions and much information is always obtained at such meetings.

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THE HOLEKAMP-MOORE INSTRUMENT CO., ST. LOUIS, MO.

1. It is a good one and compares favorably with any of the previous ones. Has been well attended and I think all are well pleased. 2. (*a*) By allowing the different manufacturers to exhibit their products, to discuss their value and exchange different views and allowing the surgeon or physician to see the newer instruments and medicines and have them explained. 3. (*a*) Yes, and by giving the exhibitors some of their time they will learn and see many things they would not become acquainted with which are of benefit to them.

REED & CARNRICK, NEW YORK.
Manufacturing Chemists.

1. One of the best exhibits out of the many previous ones attended. 2. (*a*) They tend to bring to the notice of the medical profession many important improvements that would otherwise be a very long time in getting to their notice. (*b*) Not entirely, or the manufacturers would be few who would exhibit. 3. (*a*) Most certainly, if they are at all interested in the advancement of their profession. (*b*) By visiting the exhibit, interviewing the representatives sent by the various houses and testing the preparations exhibited in their practice.

ADEPS LANAE CO., NEW YORK.
Anhydrous Woolfat.

1. After we had arranged our humble exhibit and having time to look around at our neighbors we wondered if we would not be overlooked in the shuffle and to our agreeable surprise we found that this was the best and most satisfactory way in which to call attention to our product. Remember, this was our first exhibit. 2. (*a*) We consider exhibits in connection with conventions the best means possible to call attention of the medical profession to new products, instruments, chairs, etc., affording them better facilities to examine more into details than the annoying interview at their offices, in fact, bringing the exhibitor and physician more in touch. (*b*) The question from a commercial standpoint should not be considered, provided we have succeeded in interesting the profession. 3. We are not in a position to answer the above as we have so little experience at exhibits.

MELLIER DRUG CO., ST. LOUIS, MO.
Manufacturing Chemists.

1. An excellent exhibit in every way and very largely attended. 2. (*a*) They afford convenient opportunity for the personal observation of the latest improvements in pharmacy and surgical appliances. 3. (*a*) They most assuredly should in order to derive full benefit from their attendance at the meeting. (*b*) By scrutinizing carefully the character of those who make application for space.

APPLETON & CO., NEW YORK,
Publishers.
L. B. SMITH, AGENT.

1. I think the exhibit is a grand success. Many thanks to the management. 2. (*a*) I think it is a very good way for bringing new things to the knowledge of the public.

MESSRS. GOODMAN & CO., NEW YORK.
Printers and Engravers.

1. We consider it by far the best and most select class of exhibits ever before shown to the medical profession. 2. (*b*) We do not hesitate for a moment in mentioning that the benefit to the profession at large is of infinite value from a standpoint of promoting scientific and new and various necessaries. 3. (*a*) Delegates and visitors have shown in this meeting the keenest interest in displays and (*b*) the only way to further the same is by exhibiting constantly new and novel matters.

J. B. LIPPINCOTT CO., PHILADELPHIA.
Publishers.

1. Independently of former exhibitions, the recent one impressed us as excellent at many of the stands. Quite a number of exhibitors attracted considerable attention; others but little. Those who seemed to enjoy special favor, by supplying a long-felt want, were those who dispensed their wares freely, without money and without price, especially the representatives of the various brands of malt extracts and other cooling beverages—the weather was warm and the windows of the building about 10 feet too high. 2. (*a*) Largely by bringing to the notice of the profession what is new in medical books, surgical instruments and appliances and drugs. (*b*) The value of such exhibitions do not seem to us to be commercially great. 3. Yes, for the exhibits are for the benefit of the delegates and visitors almost wholly.

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DESCRIPTIVE.

OAKLAND CHEMICAL CO., *New York.*—The product of this company has a definite formula, known to chemists since 1817 and recently introduced into medicine. Hydrogen Dioxide is a staple product and is U. S. P. It will keep three or four months uncorked. No pressure on cork is required. This is distinctly characteristic of the Dioxide. Its properties are germicidal, antiseptic and antizymotic. Oakland Hydrogen Dioxide is recognized by competent investigators as the one perfect solution which can be used in all ways with perfect safety. It is indicated in a vast number of conditions, external and internal, and is invaluable in the sick-room.

* *

HYNSON & WESTCOTT, *Baltimore.*—One of the unique and well appointed exhibits was that made by this well known Baltimore house. Their display embraced a general line of surgical instruments, office furniture, supporters, etc., a special feature being an automatic air-pump which forces air into the receiver by water pressure. Their exhibit occupied space number 60 and was so constructed as to reproduce, as far as possible, a physician's office. Visitors to the Cyclorama Building manifested considerable interest in this exhibit. The enterprising character of this firm has enabled them to build up a lucrative business in this and adjacent territory.

* *

AMYL-KIJO CHEMICAL CO., *Baltimore.*—This new disinfectant is eliciting much favorable attention. It is being introduced by a Baltimore concern and its virtues appear to be well established. It is very valuable as a general disinfectant for apartments, cellars, closets, and such like. For the sick-room in contagious diseases it is very valuable. It may be applied locally to burns, cuts, punctured wounds, and for such purposes may be mixed with equal parts of vaseline and applied on a bandage. It is also efficient as a deodorizer and physicians may employ it with advantage after using iodoform or any other ill-smelling drug.

* *

JEROME KIDDER MFG. CO., *New York.*—This exhibit presented a collection of superior high grade electrical apparatus and contained many novel features. One in particular being the illumination of a six-inch Geissler tube demonstrating the polar effect of the pure induced or Faradic current, was a marvel of beauty and the numberless combinations of the currents for stimulation and sedation were clearly and fully explained by their representative. We learn that this form of coil is recommended by the leading electro-therapeutists, among whom may be mentioned A. H. Goelet, A. D. Rockwell, and others. All machines are warranted as represented.

* *

DAVID NICHOLSON, *St. Louis, Mo.*—One of the oldest Malt Extracts in the country is Liquid Bread, of which Mr. David Nicholson of St. Louis is sole proprietor. At this stand many physicians tested the samples furnished and everyone noted and spoke of its pleasing and palatable flavor. Doubtless many physicians whose attention was called to the merits of the article will hereafter prescribe it in their practice. Liquid Bread is made from a private formula by the Anheuser-Busch Brewing Association, and is owned by Mr. Nicholson. The exhibit was in charge of Mr. Charles Teall, who is the eastern representative.

* *

H. K. MULFORD COMPANY, *Philadelphia, Pa.*—Even a subject of interest must be well presented to get attention. The number of visitors to the exhibit of this company demonstrated that both good presentation and subjects of interest were there. The exhibit was in charge of Dr. A. H. Bickers. That the pharmaceutical preparations of this firm are of a superior order of excellence is proved by the Columbian Exposition having granted them seven highest awards, two of which were medals. The greatest scientific interest, however, centered in the Diphtheria Antitoxic Serum, the beneficial effects being illustrated by immunized guinea pigs.

* *

THE CHAS. WILLMS SURGICAL INSTRUMENT CO., *Baltimore.*—The above manufacturers, importers and dealers in fine surgical instruments, orthopedic apparatus, etc., were established in 1869. The firm has gained a well earned reputation for reliable

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goods, and are numbered amongst Baltimore's most successful enterprises. One of their specialties shown was the Pri-mo Ladies' Syringe. This instrument is strictly anatomical in construction, admitting of no escape of the fluid outside the perineum. It dispenses with the old-fashioned and inconvenient bed pan and rubber sheeting. The instrument is durable and easily cleaned, being removed after the douche without soiling the clothes or bed.

* *

ARMOUR & CO., *Chicago, Ill.*—The products of this company's laboratory are numerous and invaluable. They had on exhibition their extracts of beef, both liquid and solid, for making bouillon and beef-tea. These extracts are used by all good cooks for making soups, gravies and all delicate flavorings in the kitchen. The company having unsurpassed facilities produce only articles of the best quality. Their slaughter house and laboratory adjoining enables them to produce their goods much fresher and cheaper than other manufacturers. Armour's digestive ferments and wine of beef-pepton have a world-wide reputation.

* *

TARRANT & CO., *New York.*—Few articles are better or more favorably known than the goods handled by this house. Tarrant's Hoff's Malt Extract is a standard nutritive tonic and the pioneer malt extract introduced into the United States. The medical testimony on the virtues of this preparation is very elaborate. It is an incomparable food and remedial agent in all gastric and enteric fevers. It is pleasant to the taste and easily assimilated, thus making it a delightful beverage, a valuable nutrient and a standard tonic. Tarrant's Effervescent Seltzer Aperient is known to every practitioner throughout the world.

* *

McKESSON & ROBBINS, *New York.*—Pyrozone was the specialty exhibited by this firm. This article is rapidly gaining favor with surgeons in hospitals. Very great improvements have lately been made in the manner of putting up solutions of Pyrozone, so that decomposition of the peroxide of hydrogen is now avoided. In private families where there is invalidism with its unpleasant odors and dangerous excretions, Pyrozone, 3 per cent. solution, should be liberally used as a deodorant and general germicide. It is absolutely harmless to living tissue and can be taken internally with benefit in certain troubles affecting the stomach.

* *

DOLIBER-GOODALE CO., *Boston, Mass.*—Mellin's Food was the principal article exhibited by these manufacturers of world-wide renown. The firm was represented by Dr. Jones and Mr. Delano, who courteously explained to visiting physicians the merits of this celebrated Food for the modification of fresh cow's milk. Mellin's Food took the special diploma at the California Mid-Winter Fair. This Food is a soluble dry extract of barley malt and wheat, prepared after the formula of the eminent chemist, Baron Justus von Liebig, for the modification of fresh cow's milk. It is the best substitute for mother's milk.

* *

E. A. YARNALL CO., *Philadelphia, Pa.*—The Philadelphia Surgical Instrument Houses were well represented, among whom were the E. A. Yarnall Co., presenting a complete line of instruments, which greatly appeal to the physician's requirements. A number of newly devised tools for the use of the surgeon were shown. Mr. Yarnall was personally in attendance at the exhibit and took the addresses of many doctors who made a request for their most complete catalogue. This house pronounced the exhibition a success and expressed much satisfaction with regard to its management. Those who did not register for the catalogue should forward address at once and receive a copy.

* *

RENOL CHEMICAL CO., *St. Louis, Mo.*—This company has devised in a concentrated form a combination called Renol, Sodii Lithia Comp., which is intended to displace the administration of mineral waters. When taken in large quantities of water, Renol acts as a powerful renal tonic and stimulant. Its constituents are sodium lithiate, diuretin, digitalin, alkalies and demulcents. This remedy seems to have met a long felt want and is rapidly growing in favor. In cases of obstinate rheumatism and gout, it exercises marked benefit, while its solvent action in uric acid conditions proves this remedy invaluable. Interesting articles have appeared in various medical journals relative to this new diuretic-alterative.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 9. BALTIMORE, JUNE 15, 1895. WHOLE NO. 742

ORIGINAL ARTICLES.

TYPES OF MALARIAL FEVER OBSERVED IN BALTIMORE AND THEIR RELATIONS TO THE SEASONS OF THE YEAR.

By William Sydney Thayer, M. D.,

Associate in Medicine in the Johns Hopkins University; Resident Physician to the Johns Hopkins Hospital.

SINCE the discovery of the malarial parasite in 1880, by Laveran, all observers who have been placed in a position to pursue satisfactory studies of the malarial fevers have been able to confirm his observations, and the dependence of the malarial fevers upon infection with a specific micro-organism may be considered a proven fact.

Certain observers, however, particularly those in Italy, have greatly extended the original discoveries, separating the malarial parasite into several distinct types or varieties, each type of parasite being associated with a distinct type of fever. Some observers have denied the possibility of such further divisions of the parasites, but most clinicians, with a satisfactory material at their service, have recognized the existence of different types. The studies of the Italian observers have shown that, while there is a considerable similarity between the different forms, three distinct varieties of the parasite may yet be distinguished:

1. The parasite of tertian fever.
2. The parasite of quartan fever.
3. The parasite of the more irregular fever, occurring chiefly in the summer and fall, the so-called "estivo-autumnal fever."

It has been shown that in all these forms, the parasite, at its earliest stage, penetrates the red blood corpuscle, within which it develops accumulating pigment at the expense of the hemoglobin of the corpuscle and finally, having destroyed its host and reached its complete development, the parasite undergoes sporulation, breaking up by segmentation into a number of fresh young forms — gymnospores — which, each attacking a new corpuscle, begin again their cycle of development.

The parasites of the regularly intermittent, tertian and quartan fevers possess the very remarkable characteristic of being associated in the blood in large groups, all the members of which are practically at the same stage of development. Thus the millions of parasites which may constitute such a group pass through their cycle simultaneously, all the parasites reaching their full development, and undergoing segmentation practically at the same time, that is, within a period of several hours; and what is most interesting, the segmentation of a group of parasites is *always* immediately followed by the febrile paroxysm. There are many facts which tend to show that the paroxysm depends upon some toxic substance set free in the blood

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at the time of the sporulation of the parasites.

The parasites of tertian fever, for example, have a cycle of existence lasting about 48 hours; toward the end of the period the organisms, having reached their complete development, undergo sporulation; and in direct association with this segmentation of a group of parasites occurs the malarial paroxysm. It might thus be easily conjectured that infection with a single group of tertian parasites would result in a paroxysm every third day — which is the case. But in many infections with the tertian parasite we see daily paroxysms. In these instances we have to do with infections with more than one group of parasites, usually with two groups reaching maturity on alternate days and producing, thus, daily paroxysms— "double tertian" infections.

The parasite of quartan fever passes through a cycle of development lasting about 72 hours and when present as a single group produces fever every fourth day. It is easy to understand how infections with both of these groups of the quartan organism produce double or triple quartan fever; in the one case consisting of chills on two successive days with an intermission on the third day, and in the other, daily chills.

The third variety of parasite, the estivo-autumnal parasite, does not possess to the same degree the characteristic of being present in sharply defined groups at the same stages of development.

There are often multiple groups of parasites, or parasites in different stages of development present at the same time. Sporulation thus occurs frequently and at irregular intervals, resulting in a more irregular and often continuous fever.

The Roman observers have noted that while the earlier cases of malarial fever, those occurring in the winter and spring consist, almost entirely, of the regularly intermittent varieties, the tertian and quartan fevers, those occurring in the summer and fall are, however, much more severe in nature, more irregular in their manifestations and are associated with the third variety of parasites — the parasite of estivo-autumnal fever.

Some Italian observers have gone yet further, dividing the estivo-autumnal parasites into two or even three distinct varieties and associating these with different types of fever. This, however, the majority of observers have not succeeded in doing. During the last two years Dr. Hewetson and the writer have been engaged in analyzing all the cases of malarial fever occurring at the Johns Hopkins Hospital. The results have confirmed almost entirely the Italian observations.

A few of our results which will appear shortly in a volume of the hospital reports I will briefly mention. Our cases numbered 614, not including relapses of cases once included in the list.

The following tables show the relation of the cases to the time of year:

There occurred in—

January,	12	July,	74
February,	8	August,	67
March,	18	September,	129
April,	28	October,	137
May,	35	November,	45
June,	33	December,	28

Total, 614.

From this table it appears that while in the winter months, December, January, February and March, malarial fever is at a minimum, the number of cases begins to increase, as a general thing, with the month of April, showing a gradual steady rise until the climax, which occurs in the months of September and October. In November and December a well marked fall begins. This table, while it gives a good general idea of the distribution of the malarial infection throughout the year, is, however, a trifle misleading if taken too strictly. The cases during the latter half of the year 1889 were few, as the hospital was new and the clinics had not yet developed, while the cases from January to August of 1894 represent a much larger clinic. The proportion of cases occurring in the first seven months is thus over-represented, while the second half-year suffers, the under-representation of the cases in August being especially marked. The following table dealing with the cases during the four

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years from January 1, 1890, to January 1, 1894, gives a more accurate representation of the variation of malarial fever with the seasons.

Table showing the dates of admission of the cases of malarial fever between January 1, 1890, and January 1, 1894:

January,	9	July,	38
February,	8	August,	66
March,	8	September,	122
April,	17	October,	120
May,	21	November,	38
June,	18	December,	25

Total, 490.

It may thus be seen that more than five-sixths of the cases of malaria observed by us occur in the second half-year, while nearly one-half occur in the months of September and October.

We have distinguished three varieties of the malarial parasites: (1) The tertian parasite. (2) The quartan parasite. (3) The estivo-autumnal parasite.

1. The tertian parasite requires about forty-eight hours to accomplish its complete development, and is associated with relatively regular tertian paroxysms, lasting, on an average, between ten and twelve hours, associated almost always with the three classical stages—chill, fever and sweating. Frequently, infection with two groups of tertian organisms gives rise to quotidian paroxysms; rarely, infection by multiple groups of organisms gives rise to more irregular, sub-continuous fevers.

2. The quartan parasite is an organism requiring about seventy-two hours for its complete development. It is rare in this climate and is associated with a fever showing regular quartan paroxysms, similar in nature to those associated with the tertian organism. Infection by two groups of the parasite causes a double quartan fever (paroxysms on two days, intermission on the third). Infection, with three groups of the parasite, is associated with daily paroxysms.

3. The estivo-autumnal parasite passes through a cycle of development the exact length of which has not, as yet, been determined; it probably varies greatly from twenty-four hours or under, to forty-eight hours or more. But few stages of development of the parasite are found, ordinarily, in the peripheral circulation, the main seat of infection being, apparently, in the spleen, bone-marrow and other internal organs. Infection with this organism is associated with fevers varying, greatly, in their manifestations. There may be quotidian or tertian intermittent fever, or, more commonly, more or less continuous fever with irregular remissions. The individual paroxysms last, on an average, about twenty hours, the irregularities in temperature depend, probably, upon variations in the length of the cycle of development of the parasite, or upon infection with multiple groups of organisms. We have not been able to separate varieties of the estivo-autumnal parasite, though we feel that more investigation is needed upon the subject.

The relation of the occurrence of these different types of fever to the time of the year is shown by the following tables.

Thus in the first half-year there were:

Tertian infection	Single	63
	Double	49
		112
Quartan Infection	Single	1
	Double	0
	Triple	0
		1
Estivo-autumnal infection		5
Combined infections		3
Total		121

While in the second half-year there were:

Tertian infection	Single	87
	Double	139
		226
Quartan infection	Single	1
	Double	0
	Triple	3
		4
Estivo-autumnal infection		183
Combined infections		8
Total		421

These tables show in an interesting manner how the severity of the type of infection increases as the summer and fall approaches; thus in the first half-

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year we have more single tertian than double infections; while in the second half-year, when malarial fever assumes a more severe type, we have nearly twice as many cases of double tertian as of single tertian infection. The increasing severity of the type of malarial fever becomes more marked when we observe the course of the estivo-autumnal cases. While in the first half-year only five cases were noted, a little less than one-twenty-fourth of the total number of cases observed, in the second half-year we see one hundred and eighty-three cases, or nearly an half of all the cases which occurred.

Thus it may be seen that with the earliest cases of malarial fever in the year, the mildest types of infection are met with, the single tertian type predominating. As the season advances and the months approach which are richest in malarial fever, the single tertian cases become less frequent and the double tertian infections more common; while at the height of the malarial season a majority of the cases are of the estivo-autumnal, the most severe type in this climate.

It has seemed to us, however, a matter of interest to make another table, which appears below, showing the time at which the patient observed the first symptoms of the affection; this shows several interesting variations from the other table:

January,	8	July,	83
February,	2	August,	103
March,	21	September,	156
April,	21	October,	69
May,	44	November,	16
June,	23	December,	8

Not stated, 60.

Total, 614.

We see thus that the smallest number of cases occurred in the months of December, January and February, only two cases beginning during the month of February. From this time on there is a fairly steady increase until the month of May, which shows the spring maximum; in July again an increase begins, reaching the climax in September, when 156, or more than one-fourth of all the cases, appear to have shown their first symptoms; 103 cases originated apparently in August, while only 69 appear to have originated in October; in 50 cases the date of onset could not be obtained. Thus nearly one-half of all the cases originated in the months of August and September, and whereas 137 cases were first admitted to treatment in October, only 68 dated their symptoms from that time.

Another interesting point brought out by our tables is the fact that while of all the cases observed, 21 per cent. date their apparent origin to the first 3 months of the year; of the first attacks, only 15 per cent. originated during this period.

Whether this means that a number of cases which were considered fresh infections were really relapses of old attacks or that the individual who has once suffered from dual fever is more subject to future infection is not yet clear.

VAGINAL INJECTIONS DURING LABOR.—The *Charlotte Medical Journal* says that hot sublimate or carbolic injections during labor shrivels and contracts the vaginal mucous membrane by contracting the capillaries, removes from it its natural lubricating secretion, thus largely augmenting the friction between the head and the vaginal walls, retarding the progress of labor and necessitating greater powers of expulsion.

* * *

SPRAINS.—Dr. A. E. Gallant reports in the *Medical News* 1232 recent cases of sprains treated by massage from which he concludes that the massage of sprained joints will:—

1. Prevent swelling, or rapidly disperse it if present.
2. Prevent pain, or quickly remove it when due, as it must be, to tension.
3. Prevent stiffness, or overcome it when already present from disuse.
4. Prevent the sense of weakness and restore the part to its original vigor and strength.
5. Reduce the time of treatment from *weeks* to a corresponding number of *days*.
6. Permit the immediate use of the injured member.

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EMPYEMA OF THE FRONTAL SINUS.

By E. J. Bernstein, M. D.,
Baltimore.

So long as the function of the external or orbital and the internal or nasal method of operating for the cure of this affection is a debatable one, even the recital of the history of a single case may not be amiss. Permit me to recall to your attention the classical symptoms of frontal empyema, the most constant of which is pain in the forehead of a boring, bulgy and throbbing character, which increases as the secretions form and distend the cavity; at times the pain is intermittent and neuralgic, and occasionally is altogether absent; the patient complaining only of a sense of pressure at the inner angle of the orbit; still again, the story is of a sharp supra-orbital neuralgia, lasting three or four days, relieved by a flow of pus running from ten to twelve hours; after ceasing, not to recur, or only returning after a longer or shorter interval to become chronic.

In the latter case, other cells becoming involved from infection cause the growth of granulation tissue from necrosing bone. The bony dissepiments become absorbed in the process, granulation tissue and accompanying suppuration extend in various directions, more especially through thin party walls, often membranous — in which one frequently finds natural openings between ethmoidal attics and the roof of the large chamber in the superior maxilla. Thus is explained the frequent occurrence of antrum implication as a complication of ethmoidal necrosis.

Empyema of the frontal sinus results through absorption of the inner wall of the infundibulum blocking the entrance to this cavity from the nose. One may compare this trouble with a similar disease in the tympanum, with the subsequent involvement of the mastoid. Pain is usually increased by mental and bodily activity; pressure over the parts, cough, etc. If one examine the sinus membrane in an acute case one finds it swollen, edematous and ecchymosed.

The exudation of a mucous or a purulent secretion is, as a rule, to be seen only in old cases. With this, one of several things occurs. When there is still a communication between the nose and the frontal sinus, unilateral flow of pus (rarely bilateral) makes its appearance in the middle meatus and is seen running just over the anterior third of the middle turbinated bone. This flow is increased by bending the head forward and downward almost to the knees. (This is one of the most constant and important signs). This constant flow of pus may lead to hypertrophy and polypoid growth, as will be shown later on. The same occurs in empyema of the antrum.

If the sinus is not freely drained, a soft fluctuating tumor, generally in the vicinity of the root of the nose, somewhat above the lachrymal sac, gradually forms and causes exophthalmos with displacement of the eye forward, outward and downward. This is accompanied by a swelling over the sinus which gives either a doughy feel or the sensation given by pressing the cover of a tin ointment box. But rarely there is formed without any swelling of the soft parts at the inner angle of the orbit a hard lump which may soften and fluctuate and then open outwards through the nasal cavity.

By increase of pressure due to increasing accumulation of fluids here the sutures between the lachrymal bone and the orbit are sundered, so that the edematous sinus membrane hangs down in the nasal cavity and is there to be seen as a suspended tumor from the nasal roof. Consequently the nose is more or less shut off from respiration, or occasionally the fluids pass through

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the thin posterior wall of the sinus into the cranial cavity and cause death from purulent meningitis.

The diagnosis rests on the history and the subjective signs as shown here. In obscure cases (Schech) the diagnosis can only be made after clearing the middle meatus of granulations, polypi and hypertrophies. Where communication between the sinus and nose is impervious in acute cases the malady may be ushered in with fever, boring pains in and over the orbital region, almost unbearable supra-orbital neuralgia, vertigo, even stupor or delirium. The upper lid, the area at the root of the nose and the eyebrows may become edematous. Even when exophthalmos supervenes, the movements of the bulbus are rarely interfered with, though diplopia and strabismus divergens are present. In severe cases though mobility of the bulbus, amaurosis, conjunctivitis, keratitis from ophthalmos may be encountered. Fistulas formed spontaneously do not usually heal without surgical aid. So frequently is antrum trouble associated with frontal disease that one should never treat the latter alone without positively excluding the former.

In points of diagnosis I would insist upon the importance of realizing the fact that where we have suppuration in the nose together with granulation tissue or polypi in the middle meatus, we can seldom at first sight be sure of the full extent of the disease and must therefore be guarded in our proguosis. I have not infrequently seen cases where suppuration of the antrum was supposed to comprise the whole disease and the patient promised a cure upon its termination, whereas the anterior ethmoidal cells and possibly also the frontal sinus were quite as much at fault. On the other hand, cases of so-called necrosing ethmoiditis were treated with an eye to this alone, when the antrum had been overlooked, although the prime source of the suppuration.

Eliza D., aged 65, was sent to me by her physician, Dr. Hall, for a small lump at the inner upper angle of the orbit, the tip of which ended on the upper lid. The growth had made its appearance some three or four weeks prior to this date and caused considerable annoyance. At first sight and feel it looked like an exostosis or sarcoma. While manipulating, a small head of thin pus was seen exuding from the lump. This it was learned was the usual course. I concluded we had to deal then with a choleastomatous degeneration of the gland, and a simple incision and curettement would end the trouble. But this it did not; she returned in a few days with a free discharge of pus, but less pain; thinking I had not been sufficiently thorough in my curetting I burned the sac with a stick of silver nitrate, and again a second time, but still without ending the trouble.

Although at each visit I reached unsuccessfully for necrosed bone, I determined to make a more thorough search, this time, especially as she had an ozena. Notwithstanding my deep incision and careful search, I could find no tract. She returned in a few days with a discharge as bad as ever. I then elicited the following history:

She had an attack of "neuralgia" in the middle occipital region lasting some two weeks, to be followed by a supra-orbital neuralgia, of three or four days' duration, after which she noticed the lump in question. It never occurred to her that there was any connection between the neuralgia and the lump; nor could we elicit any history of exophthalmos, diplopia or other disturbance of vision. Just how much we can depend on this evidence can be gathered from the fact that her family did not notice the odor from the nose; and therefore could give no data as to its origin.

Rhinoscopic examination showed widely dilated left nares and general atrophy of the turbinates. But there was no sign of pus, and probably at that time gave no necrosis; maxillary atrium not involved. Now here was the problem: the only positive factors of which were, one-sided ozena and a sinus which could not be said to communicate with the nose, and a supra-orbital neuralgia of short duration, apparently the outcome of an occipital neuralgia.

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"The association of suppuration in the frontal sinus with ethmoidal and antral disease may well repay discussion," says Greville MacDonald.

Let us now return to our case. As before shown, there were most insufficient grounds for the diagnosis of the frontal sinus empyema, much less to undertake so serious an operation as the external treatment demands. In point of fact I made but a tentative diagnosis and was led to the classical operation merely by the desire to follow the maxim, "When one finds pus, give it free exit and don't stop until you do, and remove the cause." I made the usual incision below the supra-orbital ridge, joining it with a perpendicular incision on that position of the face forming the internal wall of the orbit; turning aside this triangular flap, I raised the periosteum with the elevator and after controlling the hemorrhage, which was inconsiderable, I now followed my fistula into the frontal sinus, enlarging it so as to introduce a sterilized silver Eustachian catheter. Immediately there was a gush of pus. I then enlarged the opening still more, but could find neither granulations nor necrosed bone in the frontal. But turning the probe toward the ethmoid, I got dead bone and with chisel and raw-hide mallet enlarged the whole cavity so as to introduce my little finger. Feeling dead bone towards the ethmoid, I gouged and curetted as much as I considered safe, and after cleaning with sterilized water and packing with iodoform gauze, I closed up the wound, leaving space at the base in the neighborhood of an old fistulous opening, for the exit of pus. The wound did well, primary union resulting in all except that portion of the wound designed for drainage. The fourth day after operation a great deal of edema set in over the root of the nose and over both eyebrows, but subsided in a few days. Granulation tissue formed very exuberantly, so much so that I was forced to curette much of it away. The wound is washed out daily and packed with iodoform gauze.

As there seems still to be much necrosis of the ethmoid, I shall do what ought to have been done at the time of the operation, and as I supposed, I did do, *i. e.*, open directly into the nose and drain also through the cavity. I have had several other cases of chronic empyema of the frontal sinus, none of which had either ophthalmos nor other disturbances of vision, neither did they suffer much from supra-orbital neuralgia. Since writing the above, I have drained the sinus directly into the nose by forcing a large trochar from the external wound through the anterior ethmoidal cell by way of the infundibulum of the nasal cavity of that side. Through this wound I have introduced a drainage tube through which the wound is daily washed with antiseptic fluids. The object is to keep open this fistulous track so long as there is any pus to be seen or dead bone to be felt.

A sense of fulness and discomfort associated with one-sided discharge of ill-smelling, thick muco-purulent matter, or "catarrh" as my patients called it, and came to be treated for, were the main symptoms of these cases. Some of them had also several small polypi, and the others more or less hypertrophy of the middle and inferior turbinates which were first radically treated. The diagnosis was readily established by carrying the same along the infundibulum to the opening of the frontal sinus, which was followed by a free discharge of pus over the anterior end of the middle turbinated bones. Now these cases were all treated by the intranasal method. That is, by removing all impediments to free drainage, carrying hydrogen dioxide (or other antiseptic clearing solutions) into the sinus through the middle meatus. When H_2O_2 is used, it is followed by a thick frothy pus and finally after no more frothy pus follows the application, a sterilized Eustachian catheter is carried up and by the air-bag the cavity is cleared. This usually suffices, and in a few weeks, sometimes only one week, the empyema is cured.

Now the object of this paper is to call your attention to several factors. 1. The relative frequency of this trouble. 2. That frontal sinus and antrum dis-

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ease very frequently come together. 3. That we must not rely implicitly upon the classical signs and symptoms as shown by my meager experience. 4. To ask what relation the occipital neuralgia has to the malady. 5. That the question is not which is the better method, the intranasal or external, but either, according to the case at issue.

When practical, every case should be treated through the nose, but when it is found not to furnish a reasonable hope of cure we should not hesitate to resort to external surgery, as the operation under proper precaution is not so very formidable. When so operated on (externally) one should never leave the case until they establish free discharge into the nose. As Dundas Grant has lately shown, this can be easily accomplished by passing a pewter wire from the wound into the nose and slipping over it thin rubber tubing, which will perfectly drain the cavity. Finally, from what I saw and what I can le arn from the results of others, no importance can be attached to the electric trans-illumination.

SPECIFICS.

By Edward Anderson, M. D.,

Rockville, Md.

"*Festina lente*" should be our motto unless we wish to lose the respect and confidence of our lay brethren. In olden times the physician was more cautious than he is at the present day and specifics had to be tried before they were proclaimed such. On looking over my grandfather's account books, those of the late Dr. James Anderson, of this place, I find that although Jenner declared in 1796 that vaccination rendered mankind proof against smallpox, he did not begin to vaccinate but continued to inoculate up to 1814. This tardiness on his part was no proof that he was not progressive, for he was one of the incorporators of the Medical and Chirurgical Faculty of Maryland and he did not hesitate to puncture the liver, drain an abscess located therein, and thereby save the life of his patient and that too when the symptoms were very obscure.

Some years ago, Chian turpentine was pronounced a specific in the treatment of cancer and put to the test throughout the civilized world has proved a signal failure. Not long after the turpentine experience comes the announcement that sulphuretted hydrogen forced into the bowel would arrest tubercular consumption and that too proved a failure. While attending a meeting of the American Medical Association, some years since, I heard tuberculin as highly extolled in the treatment of tuberculosis as antitoxine was in the management of diphtheria at the late meeting of that body in Baltimore. Unless antitoxine proves a safe and reliable remedy, which I fear it will not, the regular profession will receive a blow from which it will be hard to recover.

If we do not wish to gain the unenviable reputation of pretenders there should be some concert of action among us in regard to such agents as antitoxine. They should be thoroughly tested before being endorsed by the medical profession. What the fatality from diphtheria is will be hard to determine but my mortality record shows a death rate of about twenty-five per cent. Taking into account those cases that I know to have been diphtheritic and were not treated at all, would bring the mortality down to fifteen per cent. It has not been an uncommon experience with me to be called to a case of laryngeal diphtheria and find that all the other members of the family had had the disease and recovered without any treatment whatever.

Dr. Jacobi has said, and with truth, that there are more cases of diphtheria on the street than in bed. The younger the child the more apt is this disease to assume the laryngeal form. I have

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never lost a diphtheria patient except where the larynx was invaded when first seen and never saved but one where such was the case.

Two years ago two boys eight and ten years of age were attacked by diphtheria. They were treated by a competent physician, and both died. I was called in consultation to the last one of these cases and whilst there was asked upstairs to see a family, a mother and six children, down with the same disease. I gave general directions as to their treatment but saw them no more. They every one recovered though no physician was in attendance. Had antitoxine been employed their recovery would no doubt have been attributed to that agent. I think physicians have made a great mistake in substituting hydrogen peroxide for the persulphate of iron, carbolic acid and glycerine as a local application in the treatment of diphtheria. The former merely removes the pus, whilst the latter in my hands has always arrested the spread of the membrane.

I hope that antitoxine may prove to be all that is claimed for it, for the medical profession has not the influence that it once had either individually or collectively. The Medical and Chirurgical Faculty of Maryland, in by-gone days, had the right to say who should and who should not practice medicine in this State and the physician held a place in the esteem of the people not even second to that of the parson.

TRANSIENT CLUBBING OF FINGERS DURING EMPYEMA.— Schon (*British Medical Journal*) reports the following case: A girl, aged 10, presented symptoms of a localized pneumonia in the upper part of the lower lobe of the left lung, which later spread over the whole lung. As the disease did not progress in the orthodox manner and the temperature kept high an empyema was suspected. On the seventeenth day of illness there were physical signs of fluid, and pus was withdrawn by the aspirator. The following day the usual operation was performed, and the same evening the temperature was normal, and remained so throughout the illness. Some time after the operation the deformity of the fingers was noticed. This became very marked; the terminal phalanges were enlarged both from side to side and in the dorso-volar direction; the nails were abnormally convex, but their color natural. The deformity quickly disappeared, and by the time the sinus had closed the patient's fingers were quite normal again. The author regrets his neglect to make a bacteriological examination of the pus evacuated from the pleura, as he thinks this affection must in some way be connected with pyogenic bacteria or their products. It has been noticed in connection with other suppurating processes, as, for instance, by Marfan in a case of pyelonephritis. The author has found only four similar cases previously published, two by Moigard.

* * *

HOUSEHOLDERS AND SANITATION.— A question of equal interest to owners of house property and to their tenants was decided in court last week. The plaintiff, says the *Lancet*, who, acting upon the assurance of an agent, had taken a furnished residence at Sandgate, attributed a sore throat and other illness afterwards occurring in his family to damp and effluvia due to insanitary conditions. Evidence was adduced for and against this theory, and a verdict was finally given in favor of the defendant. The case, into the merits of which we do not enter, is, as we have said, doubly instructive. It ought to emphasize a necessity always incumbent upon tenants on making a change of residence — namely, that of providing for thorough inspection of all sanitary arrangements in a new abode. Such forethought, unfortunately, is not too common, and this is the more to be regretted since the services of a qualified inspector can be readily obtained and at small cost, while the consequences of an oversight in regard to this matter may be serious in the highest degree. House-owners on their part will find that it is true wisdom and true economy in the end to test their property periodically, with a view to its timely repair.

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SUMMARY OF THE EXAMINATION HELD BY THE BOARD OF MEDICAL EXAMINERS OF MARYLAND, MAY 2, 3, 4, 1895.

No.	Graduate of	Practice of Medicine	Hygiene.	Pathology.	Anatomy.	Physiology.	Surgery.	Materia Medica.	Therapeutics.	Obstetrics.	Gynecology.	Chemistry.	Med. Jurisprudence	Total.	Average.
1	University of Md.	52	50	73	100	87	80	76	75	86	90	80	80	929	77
2	" " "	90	85	75	92	87	90	79	80	98	100	75	33½	979	82
3	" " "	97	98	80	100	100	95	80	82	100	100	80	95	1107	92
4	" " "	97	91	93	100	100	78	82	80	100	100	85	85	1091	91
5	" " "	95	85	80	91	100	80	79	80	100	80	75	80	1015	85
6	" " "	95	77	85	100	100	85	83	80	100	90	85	80	1050	87½
7	Balto. Med. College.	79	82	95	80	90	100	80	79	100	100	90	90	1065	89
8	Phys. & Surg., Balto.	82	90	92	88	80	90	68	80	100	100	70	50	990	82½
9	" " " "	87	90	75	100	90	80	75	76	97	95	90	90	1045	87
10	Balto. Med. College.	85	66	65	67	96	80	70	75	100	85	80	75	944	78
11	University of Md.	86	75	100	81	75	80	80	84	100	100	95	85	1041	97
12	Balto. Med. College.	89	91	100	100	100	95	90	98	100	100	100	100	1158	96½
13	Va. Med. College.	60	44	48	96	98	75	77	76	88	40	50	50	802	66
14	University of Md.	89	87	83	100	72	90	87	84	92	95	80	80	1039	87
15	" " "	96	94	95	100	98	85	88	85	100	100	95	95	1126	94
16	Phys. & Surg., Balto.	97	95	69	90	80	80	82	80	100	90	90	90	1043	87
17	" " " "	86	91	68	100	100	75	83	81	98	90	95	95	1062	88½
18	Balto. Med. College.	87	80	73	68	80	80	58	72	100	90	90	90	968	80
19	University of Md.	98	94	100	80	100	95	82	84	100	100	100	100	1133	94
20	University of Penn.	85	85	70	82	87	85	71	76	98	90	50	70	949	79
21	Balto. Med. College.	98	100	98	100	100	95	80	82	100	100	100	95	1146	95½
22	University of Md.	96	100	98	90	100	90	90	95	88	95	90	90	1122	93½
23	Balto. Med. College.	70	62	70	65	80	75	75	77	80	85	85	80	884	73
24	University of Md.	95	95	100	96	94	90	86	88	100	100	100	90	1134	94½
25	" " "	90	93	70	87	100	90	84	85	100	95	50	75	1019	85
26	" " "	89	78	70	100	100	95	85	88	100	100	70	80	1035	86
27	Phys. & Surg., Balto.	85	81	72	87	71	80	75	80	90	100	80	80	981	82
28	University of Md.	76	75	73	82	98	85	77	75	100	95	75	60	971	80
29	Balto. Med. College.	89	77	75	92	70	90	83	76	84	80	80	90	986	82
30	" " "	75	67	72	90	100	75	54	58	80	75	60	60	866	72
31	Phys. & Surg., Balto.	91	90	67	89	78	50	58	50	85	60	80	80	878	73
32	University of Md.	90	87	98	98	100	100	79	77	100	100	90	80	1094	91
33	" " "	90	87	98	88	100	90	89	91	100	100	100	90	1123	94
34	" " "	90	88	100	100	87	85	81	90	100	100	90	90	1101	92
35	Phys. & Surg., Balto.	69	59	61	66	84	90	76	80	79	75	90	25	794	66
36	" " " "	95	95	90	93	100	80	87	90	100	100	100	100	1121	93
37	University of Md.	98	100	97	100	100	85	90	86	100	100	90	90	1136	95
38	Phys. & Surg., Balto.	95	91	77	75	70	98	79	80	98	95	95	90	1043	87
39	Balto. Med. College.	87	83	75	81	93	80	80	80	100	80	90	90	1029	86
40	" " "	98	94	80	70	75	95	95	95	100	100	85	85	1082	90
41	University of Md.	94	99	100	99	87	80	94	96	100	100	100	100	1139	95
42	Balto. Med. College.	92	78	53	100	70	90	75	75	100	87	95	95	1010	84
43	" " "	70	75	75	70	75	90	70	70	95	100	90	90	970	81
44	" " "	76	75	90	80	84	82	84	88	80	80	100	100	1021	85
45	University of Md.	97	92	90	98	98	95	85	91	100	95	95	95	1126	94
46	Phys. & Surg., Balto.	70	65	75	86	69	90	76	81	88	80	40	50	870	72
47	University of Md.	80	80	55	94	100	75	81	84	90	100	75	60	974	81
48	" " "	75	69	80	91	70	80	77	75	98	95	95	80	985	82
49	" " "	98	93	83	82	85	90	78	80	100	100	95	90	1074	89½
50	" " "	100	99	100	100	100	90	100	100	98	90	95	75	1047	87
51	Phys. & Surg., Balto.	75	75	93	94	85	85	72	68	100	90	85	75	977	81
52	University of Md.	81	77	81	91	98	92	80	79	100	95	75	75	1024	85
53	Bellevue H. Med. Col.	74	82	75	84	70	80	77	79	100	90	75	75	959	80
54	Baltimore Univer.	24	35	43	87	58	40	69	35	75	62	25	60	613	51
55	Balto. Med. College.	79	88	97	85	100	90	78	75	98	50	90	90	1060	88
56	Baltimore Univer.	72	81	83	100	81	90	78	76	65	100	75	70	971	81
57	Balto. Med. College.	79	75	80	75	70	90	52	75	100	100	90	80	966	80½
58	University of Penn.	72	90	95	84	75	88	81	85	98	60	95	80	1003	84
59	Phys. & Surg., Balto.	93	94	100	71	91	90	90	87	100	100	95	95	1106	92
60	University of Md.	100	90	96	100	100	90	88	92	98	100	95	90	1139	95
61	Phys. & Surg., Balto.	80	86	75	71	72	95	76	80	100	50	100	100	985	82
62	" " " "	69	77	90	62	60	85	77	82	89	95	40	40	866	72
63	Balto. Med. College.	90	79	88	93	79	95	78	82	100	100	95	80	1044	87
64	University of Md.	85	77	83	78	85	90	59	62	100	100	80	80	975	81
65	" " "	93	85	83	97	96	80	89	84	85	90	85	85	1052	88
66	Phys. & Surg., Balto.	75	70	80	80	75	78	78	76	100	100	75	75	982	80
67	University of Md.	79	77	91	95	90	80	80	78	100	100	80	75	1035	86
68	Baltimore Univ.	71	75	79	75	75	75	80	82	86	95	60	75	928	77
69	University of Md.	70	78	77	78	81	75	79	75	92	90	100	95	990	82½
70	Baltimore Univer.	94	91	92	88	100	85	75	80	92	90	95	95	1077	90
71	University of Md.	82	77	90	100	100	95	83	85	100	100	95	95	1102	92
72	Balto. Med. College.	84	82	83	75	65	—	80	89	100	90	85	85	918	76
73	University of Md.	86	92	95	93	100	90	87	85	100	90	75	60	1053	88
74	Phys. & Surg., Balto.	75	75	83	100	80	80	78	82	100	65	100	100	1018	85
75	Balto. Med. College.	80	79	85	98	100	90	76	80	100	100	85	85	1058	88

A general average of 75 being required, it will be seen from the above table that of seventy-five applicants, eight were unsuccessful.

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ANATOMY.

1. Describe the frontal bone.
2. How are the vertebrae divided? Name the peculiar vertebrae of each region.
3. Name the branches of the thoracic and of the abdominal aorta.
4. How are the articulations classified?
5. Where are the kidneys situated? Give their relations.
6. Name the various objects seen on the under surface of the cerebrum.
7. Give the names and location of the four sets of valves found in the heart.
8. Give the position of the heart and its valves with relation to the walls of the chest.

PHYSIOLOGY.

1. Describe the gastric juice and tell what it contains.
2. Give a summary of the digestive changes in the small intestine.
3. What are the supposed functions of the ductless glands?
4. What are the functions of the skin?
5. What nerves inhibit the heart's action?
6. What circumstances influence the heart's action in a healthy adult?
7. Give the several supposed origins of the colored blood corpuscles, and also the origin of the colorless corpuscles?

PRACTICE.

1. What is the supposed cause, and what are the types and treatment of intermittent fever?
2. What are the physical signs, the most frequent complications and the treatment of pleuritis?
3. What are the symptoms, diagnosis, complications and treatment of acute rheumatism?
4. What are the diagnostic characteristics of the sputa of acute bronchitis, acute phthisis and of typical pneumonia?
5. Differentiate apoplexy, epilepsy and acute alcoholism.
6. What are the causes, symptoms, diagnosis and treatment of ascites?

HYGIENE.

1. What precautions should be observed in the management of a case of contagious disease, with reference to the patient and the public?
2. In the hygiene of the infant what are the most important points to be observed during hot weather?
3. What are the differences, if any, between contagious and infectious diseases? Name one or more of each class.
4. Explain the difference between antiseptics and disinfectants, and name one or more of each class.
5. In what manner can it be determined that water is unsafe for drinking purposes? By what methods can such water be purified?
6. While exposed to cholera what important personal precautions should be observed to lessen the risk of the infection?

PATHOLOGY.

1. Describe the morbid changes in the spleen in typhoid fever.
2. What are the principal pathological changes in acute miliary tuberculosis?
3. What are the varieties of cardiac hypertrophy and upon what causes does it depend?
4. Give the pathology of acute myelitis.
5. What post-mortem changes are found in cholera infantum?
6. Give the pathology of locomotor ataxia.

SURGERY.

1. What is the treatment for fractures of the shaft of the humerus?
2. What is an intracapsular fracture of the femur? How diagnosed? Its surgical treatment?
3. What is a compound fracture?
4. How may a dislocation of the femur upon the os pubis be reduced?
5. What is meant by a subglenoid dislocation of the humerus and how may it be reduced?
6. How may calculus of the bladder be detected?
7. What is a hemorrhoid?
8. Give three different modes of amputation.

OBSTETRICS.

1. Name and describe the various positions of a *vertex* presentation.
2. In the progress of all vertex presentations what are the movements of the head?
3. What causes flexion?
4. Diagnose a shoulder presentation.
5. How would you manage it?
6. Describe a brow presentation.
7. Into what is it generally converted spontaneously?
8. How would you manage a case of placenta previa?

GYNECOLOGY.

1. Name and describe the various displacements of the uterus.
2. What are the physical signs of cervical endometritis?
3. What are the physical signs of uterine cancer?
4. Wherein is the uterine sound a dangerous instrument?

CHEMISTRY.

1. What are the properties of carbon dioxide?
2. How are carbonates formed? What is the composition of sodium carbonate?
3. Name some of the principal compounds in which sulphur occurs in nature. How is it obtained from its ores?
4. What is meant in general by fermentation? Give a well known example.
5. Write the formulas for (*a*) Magnesium sulphate. (*b*) Potassium nitrate. (*c*) Ammonium chloride.
6. How is glycerine obtained? What are its properties?
7. Give a general account of (*a*) Starch, (*b*) Cellulose, (*c*) Carbolic acid.

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8. Decribe briefly the manner of testing urine for (*a*) Albumen, (*b*) Sugar, (*c*) Bile.

MEDICAL JURISPRUDENCE.

1. What are the symptoms of poisoning by belladonna?
2. Contrast incised wounds inflicted (*a*) during life, and (*b*) after death.
3. What are the evidences of live birth?
4. What is meant by asphyxia? Syncope? Coma?
5. Describe the post-mortem appearances caused by hanging.
6. What are the symptoms of poisoning by carbonic acid?

MATERIA MEDICA.

1. What is the botanical and the common name of hyoscyamus? What is its physiological action and the dose?
2. What are antispasmodics? Name three and give their respective doses.
3. What is the physiological action of aconite? In what form is it chiefly used and in what dose?
4. What is guaiacol? From what obtained? How used and in what doses?
5. What are the properties of nitrate of amyl? How is it used? To what class of remedies does it belong?
6. Name the two chief alkaloids of cinchona. What are their medicinal uses?

THERAPEUTICS.

1. What are antipyretics? Name three of value.
2. What are the therapeutic effects of phosphorus? Describe the effects of a poisonous dose.
3. What symptoms would be produced by an overdose of veratrum? To what class of remedies does it belong?
4. Give briefly the symptoms of opium poisoning?
5. What is the physiological action of copper, and what are its therapeutic uses?
6. What is the physiological action of strophanthus, and what is its therapeutic effect? To what class of remedies does it belong, and from what source is it obtained?

MEDICAL PROGRESS.

TREATMENT OF FIBROIDS OF THE UTERUS.—Dr. O. S. Phelps of New York (*American Medico-Surgical Bulletin*) reports an unusually complicated case of uterine fibroid in a girl 17 years of age, who came under his care in July, 1894. She was sent from the West to New York by the family physician to have a hysterectomy performed, and came directly to his sanitarium. The tumor was 8 to 10 centimeters in diameter, and crowded the uterus well over to the left side. The uterine cavity measured five inches and the organ with its appendages was surrounded and bound down by an inflammatory exudate. The bladder was impinged upon so that it could not hold more than one or two ounces of urine, causing the patient great agony to evacuate it. The whole mass including tumor, exudate, uterus, and appendages, filled the pelvis and rose well up in the umbilicus. The patient was much emaciated, weighed 90 pounds (normal weight 125 pounds), could not stand or walk, nor could she turn in bed without great pain. Temperature 100° to 101°. Dr. A. H. Goelet was called in consultation and confirmed the diagnosis; he also agreed that no operation could be considered at that time, but thought ligation of the uterine arteries might be resorted to later.

The treatment adopted was the high tension faradic current, 15 minutes thrice daily, vagino-sacral, and abdominal. At each seance the temperature was reduced ½ to 1 degree, lasting 1 to 2 hours. A system of feeding was adopted under the guidance of microscopical observations of the blood and secretions to determine the correct choice of food. In two months the temperature remained normal and the weight had increased 30 pounds. Galvanism was then used with anode to tumor per vaginam, by means of a special clay electrode with cathode closely adopted to tumor over abdomen; 20 to 30 milliampères of current, 7 to 10 minutes, every five days. January 15 tumor was reduced to a mere nodule, about the size of a walnut, exudation gone, uterine cavity measured 2¾ inches. Patient's weight was then 125 pounds.

Conclusions:—The writer ascribes the favorable results in this case.

First:—To a systematic plan for restoring the nutrition, under such favorable conditions as are afforded by a sanitarium.

Second:—To the persistent use of the high tension faradic current to allay pain, reduce inflammation, and induce absorption.

Third:—To the galvanic current, so applied as to concentrate its action upon the fibroid growth.

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DAMAGE TO VISION FROM THE SUN.—Dr. James W. Barrett of London reports in the *Ophthalmic Review* the case of a girl of 17 who watched an eclipse of the sun for about fifteen minutes. She used for protecting her eyes four pieces of colored window glass, two being dark blue, and the others red and yellow respectively. These she placed one over the other before her eyes, and with both eyes watched the eclipse. She is certain that she did not look at the sun except through the pieces of glass. For an hour subsequently she was unaware that there way anything the matter with her sight, and then by accident discovered that there was a mist before the left eye. She ascertained that there was no disturbance of the right. She did not notice anything in the way of an after-image, nor feel any pain or discomfort. A fortnight later she came to the hospital complaining that there was a haze before the left eye, and that when she looked at a word some of the center letters seemed to be missing.

The right eye and its vision and field were normal; with the left eye V. = $\frac{5}{5}$ partly, and spells out Cowell, 1., the center letters of the line being left out and represented by a dark space.

The field, as tested by the perimeter, was normal except for the presence of a very small central scotoma, which measured at 50 cm. vertically 4 mm., and horizontally 3 mm., and at 5 meters 6 cm. by 5 cm., and had the shape of a nearly circular oval. At 50 cm. for a distance of 2 mm. around the scotoma, macropsia was noticeable.

The pupils acted normally, and the media were clear. The fundi were healthy. The yellow spot in the left eye was a little larger than in the right and a little darker in color, but hardly of a pathological appearance.

Three months afterwards there was no change. The defect of vision, the size and shape of the scotoma and the macropsia had not altered. With both eyes open, patient experienced no discomfort from the condition, as she was able to entirely to ignore the scotoma.

Cases like this are not common, although after every eclipse a few come under treatment, the occurrence of the eclipse inducing a number of people to gaze at the sun.

* * *

SURGICAL TREATMENT OF EXOPHTHALMIC GOITER.—Dr. Tuffier gives in the *Lancet* an interesting account of a case where surgical interference caused complete disappearance of all symptoms of the disease, which had resisted all other kinds of therapeutic treatment. The patient was a young woman aged twenty-seven, who had suffered with the malady for seven years and its beginning was marked by a cystic enlargement of the right lobe of the thyroid gland, which was soon accompanied by severe exopthalmos and the other usual symptoms. Iodine injections, tapping, and electrical treatment were all tried in vain, and the patient became so ill that she could not work, and in addition, showed signs of distress from the pressure which the enlarged thyroid gland was producing on the trachea. It was then decided to perform partial thyroidectomy, and this was successfully accomplished, with the result that the general symptoms rapidly disappeared, the woman now being in good health and able to work. The exophthalmos also almost entirely disappeared and no other unpleasant symptoms have followed.

* * *

THE THREE CAUSES OF WOMEN'S DISEASES. — Dr. Balls-Headley finds, says the *Medical Record*, in our social system three great causes of disorder of the female generative organs: Mental culture, by which physical development is often sacrificed to mental training; female dress, the faults of which it is needless to particularize; and unsatisfied sexual desire. The latter includes, of course, the unsatisfied desire for maternity. In civilized communities more that half the women under thirty years of age are unmarried; in other words, the sexual instinct, during the first half of its existence, is in most women ungratified. Hence spring, in Dr. Balls-Headley opinion, many sexual disorders.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, JUNE 15, 1895.

Drug Habits.

THE drug and liquor habit is too often the fault of the physician who in a moment of laziness or carelessness prescribes that which will soothe instead of striking at the root of the trouble and avoiding dangerous treatment. It is when the body is weak that yielding to temptation is easy, and even when conscious of doing wrong in taking some powerful opiate or alcoholic, the patient may feel that the physician's advice and orders demand obedience and thus many a habit is taken on, until the body is too weak to cast it off and in time the patient becomes a wreck and a slave.

None but those who have been subject to these habits knows how hard it is to give them up and reform. They are very often combined and the strictest discipline is needed to bring such a case to a successful termination.

As an exchange says: "The unintelligent physician is not a close enough observer to determine the existing cause which produces a certain pain and not knowing what else to do prescribes morphia. Thus temporary relief is afforded. Physicians of this caliber ought to be classified as criminals. Our modern educational system is in some degree responsible for this state of affairs. A large number of the physicians from medical colleges are men wofully lacking in fundamental education. A host of these incompetents is turned loose every year, and their ranks are being constantly augmented. There are too many medical colleges in this country. These must necessarily have students to sustain them. Therefore they enroll nearly every applicant for admission."

It is further stated that these incompetent men leave college with little knowledge beyond the use of the hypodermic and go about working their deadly mischief. They flourish in the far west and make many a patient a slave to the drug habit, and the sanitariums for the cure of this habit prove by their figures that their inmates come from the west.

This may or may not be true, but it is certain that the cities furnish a larger number of such inmates than the country.

It is difficult to stop this pernicious work for no city or State can control or govern the manner of practice of any physician unless his mistakes be very flagrant, but medical colleges can be careful about those students who knock at the doors for permission to study and point out the dangers of starting such habits which wreck both body and mind, kill the soul and drag down the body as a burden to the community.

* * *

Street Car Sanitation.

WHEN the weather grows warm the street cars, especially the open ones running to the suburbs, are used by those who wish to go out beyond the hot city limits and get a breath of fresh air and a glimpse of the grass and trees. This fact appeals so strongly to the street car travel at this season of the year that many companies have taken especial pains to see to it that their cars are kept as clean as possible. One way in which cars become filthy is by the constant expectoration of the tobacco chewers and others who through habit or some other reasons must need pour out their saliva in the presence of the more sensitive traveling public.

Car companies have placed notices conspicuously on many of the lines calling attention to the fact that it is against the rules to ex-

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pectorate on the floor of the car. The conductor is a busy man and rarely has time with his multitudinous duties to see that this rule is kept unbroken. It is said that such a habit in the case of tuberculous persons helps to spread that disease enormously, and this is probably true; but aside from that, the habit is filthy and disgusting and should in every way possible be discouraged.

In Pittsburgh, the energetic women of that city started a crusade against expectoration in the cars and elsewhere and their work, as woman's work usually does, made a great impression on the public so that promiscuous spitting became less and less frequent and even the most hardened men tried to curb their offensive habits. Some persons make the excuse that although not users of tobacco, they must occasionally expectorate on account of a post-nasal or pharyngeal catarrh. This may sound plausible, but those same persons would probably find some way to restrain themselves in a parlor and if catarrh is prevalent at all surely the women have their share and yet it is rare, fortunately, to see a woman commit this act. Expectoration is in many cases simply a matter of habit and can be stopped as easily as other habits. The women have been able to advocate and enforce many good reforms, and what has been done by them in Pittsburgh and in other places can be done wherever filthy habits are indulged in. A little effort on the part of a determined body can exert a powerful influence on a large community.

* * *

Life Insurance Examinations.

WHILE it is extremely important to make a careful selection of risks for life insurance, there is great danger, the *Baltimore Underwriter* points out, in over-refinement and attention to details in this work.

The life insurance companies are in business for the benefit of the insured, the person for whom the insurance is taken and for the stockholders, and while great caution is needed that no poor risk is admitted, still it is absolutely necessary to receive new applicants, else all revenues of the company will cease. Over-refinement works against the interests of a company just as much as carelessness. In the examination of recruits for the army, the greatest stringency is exercised and the candidate is stripped without reference to considerations of delicacy, and his body is searched for fault or defect. Such a procedure is advocated in books written for the guidance of the life insurance examiner, but let the ordinary city examiner try it and in ninety-nine cases out of a hundred the applicant, even if he be very anxious for insurance, will refuse to be stripped and will seek the company or the examiner who is not so thorough in his work. Many examiners even take the applicant's statement as to weight and height.

In so many cases there is absolute ignorance of the family history back of one generation, and the frequent reply "don't know" is all that can be elicited from the applicant. The teeth are rarely examined and the eyes and ears receive almost no attention. As for the urine, that is examined for albumen and sugar by the most common tests. If the urine were examined by the critical tests of the expert chemist possibly a trace of sugar or albumen which meant nothing would end in the rejection of so many applicants that the company would wind up its business.

The life insurance examiner should not only be thorough but should possess that common sense and tact which can rarely be acquired. Besides the examination, the general appearance of the applicant should count for something. No examiner should be subject to an agent as is so often the case, and he should never allow anyone to dictate to him, as many an agent, fearful of the loss of a possible commission, is so liable to do; but he should conduct his examination in the presence and hearing of no one but the applicant and himself.

There should be a happy mean between thoroughness and respect for the applicant's feelings and the company's interests. So many applicants are caught against their wills, as it were, and can only be examined when they are in the humor for it, that all such attempts at measures adapted to the army recruit would defeat the object and frighten away the applicant. As the *Underwriter* says:

"If the over-refiners wish to satisfy their scrupulous conscientiousness, conformity of the rules for examinations for life insurance to those for the recruiting service will fill the measure of their ambition. But as mankind in general would object to such relentless investigation, its requirement would close the doors of the life companies, and the occupation of the medical examiner would be gone."

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 8, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		
Phthisis Pulmonalis		
Measles	104	4
Whooping Cough	5	1
Pseudo-membranous Croup and Diphtheria.	7	5
Mumps	2	
Scarlet fever	14	3
Varioloid		
Varicella		
Typhoid fever		2

A convention of bacteriologists will be held at the New York Academy of Medicine, June 21, 1895.

Dr. Harrison Allen has resigned from the Chair of Anatomy in the University of Pennsylvania.

The *New York Medical Journal*, in an editorial on "Medical Centers," omits all reference to Baltimore and Washington.

The Medical Society of the State of West Virginia will hold its twenty-eighth annual meeting at Davis, W. Va., June 26, 27 and 28, 1895.

Esmarch of Kiel was elected a correspondent of the Academy of Medicine of Paris, but Pasteur has refused a decoration from the German Emperor.

The California Legislature, just adjourned, has appropriated $250,000 to erect a building in San Francisco for the professional departments of the University of California.

Dr. L. Gibbons Smart, assistant physician at the Sheppard Asylum, has been elected Superintendent of the Home for Feeble-Minded Children, at Owings Mills, to succeed the late Dr. B. A. Turner.

Beginning with July 1, the American Medical Publishers' Association will issue a monthly bulletin for the benefit of members of the Association. It is to be edited by Drs. P. H. Fairchild, J. MacDonald, Jr., and Ferdinand King, New York City; Dr. J. C. Le Grand of Anniston, Alabama, and Charles Wood Fassett of St. Joseph, Mo.

At the meeting of the American Surgical Association the following officers were elected for the ensuing year: President, L. McLane Tiffany, M. D., of Baltimore; Vice-Presidents, Christian Fenger, M. D., of Chicago, W. H. Carmalt, M. D., of New Haven; Secretary, M. H. Richardson, M. D., of Boston; Treasurer, N. P. Danbridge, M. D., of Cincinnati; Recorder, De F. Willard, M. D., Philadelphia.

Messrs. D. Appleton will issue in the fall the second thoroughly revised edition of Osler's Practice of Medicine. There will be changes throughout the text and several of the chapters, as that on diphtheria, the section on nervous diseases and other parts, have been entirely rewritten and new plates have been provided. Up to the present time four editions of this work have appeared of five thousand each, and of these a large number have found their way to Canada, England and Australia.

At the last meeting of the Medical Examining Board of Virginia, of 8 applicants from the University of Maryland, 6 were licensed and 2 rejected; of 7 from the College of Physicians and Surgeons, 5 were licensed and 2 rejected; of 4 from the Baltimore Medical College, all were rejected. Since the organization of that board, January 1, 1885, to October, 1894, of 124 from the University of Maryland, 93 were licensed and 30 rejected; of 109 from the College of Physicians and Surgeons, 84 were licensed and 23 rejected; of 25 from the Baltimore Medical College, 8 were licensed and 16 rejected; of 7 from the Baltimore University School of Medicine, all were rejected.

The entire new staff of the Western Maryland Home met at the office of Dr. Wilson and elected the following officers: President, Dr. J. Jones Wilson; Vice-Presidents, Drs. J. M. Spear and W. W. Wiley; Secretary, Dr. C. A. Brace; Treasurer, Dr. H. W. Hodgson; Active Staff, Drs. Spear, Fotchman, Carpenter, Wilson, Brace, Wiley, Duke and Craigen; Board of Censors, Drs. Twigg, Carr, Doerner, Hodgson and Porter. The General Staff meeting then adjourned, and the Active Staff convened and elected Drs. Spear, Brace, Craigen and Wiley as surgeons, and Drs. Carpenter, Duke, Wilson and Fotchman as physicians. Drs. Spear and Carpenter were elected to be respectively the visiting surgeons for the first three months. The resident physician is Dr. John A. Twigg.

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WASHINGTON NOTES.

The regular weekly meeting of the Medical Society of the District of Columbia was held Wednesday night, June 5, Dr. T. C. Smith in the chair.

Dr. H. L. E. Johnson presented several specimens of ovarian cyst and also presented a specimen of ovarian tumor and reported a case of Functional Hysterical Blindness that had been cured by its removal.

Dr. Swan M. Burnett discussed the case of functional amaurosis and said it was not uncommon to see cases of reflex eye troubles from pelvic disease.

Dr. I. S. Stone related a case in point, of a woman who suffered from intense neuralgia of the inferior dental nerve. She also had uterine disease and the operation of fixation of the uterus to the abdominal wall was performed and afterwards there was no return of the neuralgia.

Dr. J. H. Bryan read a paper entitled "A Contribution to the Study of Suppurative Disease of the Accessory Sinuses, with Report of Cases." It was discussed by Dr. Burnett.

Dr. J. Wesley Bovée read a paper entitled "My Experience in the Treatment of Pelvic Pus Cases by Celiotomy." Discussed by Dr. I. S. Stone.

Dr. J. H. McCormick read a paper on "Dermatitis due to Cuticura." Discussed by Dr. H. A. Robbins.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday night, June 7, Dr. George Byrd Harrison in the chair. Dr. H. L. E. Johnson presented specimens of Ovarian Cyst and Hydrosalpinx with Ovarian Cyst.

Dr. J. Foster Scott read a long and able essay on "Criminal Abortion." Dr. Scott went into the subject very thoroughly, especially from a moral standpoint. The discussion was opened by Dr. J. Taber Johnson but on account of the lateness of the hour, further discussion was postponed until next meeting.

The Brent School was closed for some time by order of the Health Officer on account of prevalence of scarlet fever among the pupils.

PUBLIC SERVICE.

UNITED STATES ARMY.

Week ending June 10, 1895.

So much of the order as directs Captain Rudolph G. Ebert, Assistant Surgeon, to report in person to the Commanding Officer, Fort Columbus, New York, for duty at that post is amended to direct him to report for duty at Vancouver Barracks, Washington, relieving Captain William H. Arthur, Assistant Surgeon.

Captain Arthur, on being thus relieved, will report for duty at Fort Columbus, New York.

UNITED STATES NAVY.

Week ending June 8, 1895.

Surgeon J. E. Gardner detached from Naval Station New London, Conn., and wait orders to sea duty.

Passed Assistant Surgeon Clement Biddle detached from Naval Hospital Chelsea, Mass., and to Naval Station, New London, Conn.

Surgeon Franklin Rogers detached from United States Receiving Ship "Wabash" and to the Navy Yard, Boston, Mass.

Surgeon J. L. Neilson detached from Navy Yard Boston, Mass., and to the United States Receiving Ship "Wabash."

UNITED STATES MARINE SERVICE.

Thirty days ending May 31, 1895.

J. O. Cobb, Passed Assistant Surgeon, granted leave of absence for fourteen days May 1, 1895.

J. J. Kinyoun, Passed Assistant Surgeon, granted leave of absence for seven days, May 20, 1895.

R. M. Woodward, Passed Assistant Surgeon, granted leave of absence for thirty days, May 23, 1895.

G. B. Young, Passed Assistant Surgeon, detailed to make physical examination officers Revenue Cutter Service, May 24, 1895.

M. J. Rosenau, Passed Assistant Surgeon, to proceed to Staunton, Va., for special temporary duty, May 17, 1895.

Seaton Norman, Assistant Surgeon, to rejoin station at Baltimore, Md., May 25, 1895.

Emil Prochazka, Assistant Surgeon, to proceed to Cleveland, Ohio, for temporary duty, May 25, 1895.

BOOK REVIEWS.

PATHOLOGY AND TREATMENT OF DISEASES OF THE SKIN FOR PRACTITIONERS AND STUDENTS. By Dr. Moritz Kaposi, Professor of Dermatology and Syphilis, and Chief of the Clinic and Division for Skin Diseases at the Vienna University. With 84 Illustrations. Translated from the last German edition under the supervision of James C. Johnston, M. D. New York: William Wood & Co. 1895. Pp. 684.

The reputation of Kaposi abroad and his popularity with all physicians who visit Vienna make his book one much sought after and it is familiar to all specialists and general practitioners. The translator and publishers of this present volume have given the medical profession an excellent translation, but one

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might naturally ask where they had been all these years to appear at this late date with a work that has been before the public for years. The title page says it is from the last German edition, but it is not stated when that edition was issued and only those who possess the copy in the original know how long ago that is. The translation is smooth and rather free from stiffness of style. The work itself needs no further introduction.

REPRINTS, ETC., RECEIVED.

Kola Illustrated. Johnson & Johnson.

Post-Graduate School of Chicago, June, 1895.

Reports of the Friends' Asylum for the Insane, 1895.

Improved Double Refractors. By S. S. Bishop, M. D. Reprint from the *Chicago Medical Recorder.*

Grip and its Effects on the Nose, Throat and Ear. By S. S. Bishop, M. D., Chicago. Reprint from *Medicine.*

Annual Reports of the Managers and Officers of the State Hospital of New Jersey for the year ending October 31, 1894.

Information Relative to the Investigation of the Influence of Climate on Health. Circular No. 4, Sanitary Climatology.

Wills' Eye Hospital Reports. Volume I, No. 1. January, 1895. Philadelphia: Price $1.25.

Report of Additional Cases of Intra-Cranial Neurectomy. By Louis McLane Tiffany, M. D., Baltimore. Reprint from the *Annals of Surgery.*

The Value of Hegar's Sign of Pregnancy. By J. W. Long, M. D., Richmond, Virginia. Reprint from the *Buffalo Medical and Surgical Journal.*

Camphor-Menthol; a Supplementary Report. By S. S. Bishop, M. D., Chicago. Reprint from the *Journal of the American Medical Association.*

Surgery on the Wing—Three Successful Abdominal Sections. By J. W. Long, M. D., Richmond, Virginia. Reprint from the *North Carolina Medical Journal.*

Methods of Chest Examination Supplementary to Auscultation and Percussion. By Edward O. Otis, Boston. Reprint from the *Boston Medical and Surgical Journal.*

CURRENT EDITORIAL COMMENT.

PHYSICIAN AND THE LAW.

New England Medical Monthly.

CIRCUMSTANCES may arise which may make it incumbent upon the physician, in certain cases, to make use of information professionally acquired. Instances of syphilis, insanity and the like, which in his opinion will result in inevitable disaster to innocent persons, are enough to render such action, as a last resort, wholly justifiable.

MEDICAL COLLEGES.

Kansas Medical Journal.

A GREAT deal has been said of late years about the number of medical colleges in the country, and as much has been said as seemed possible to discourage the founding of new institutions. The advancement of medical education during the past decade has been so rapid that the conditions are entirely different from those existing a few years ago.

PATENT MEDICINES.

Canada Medical Record.

ANOTHER thing which might be done to diminish the injury done to the profession by patent medicines would be for the physicians of a city to unite in patronizing a druggist who would undertake not to keep any patent medicines or proprietary articles, or in other words, not to dispense on his own account, but to limit his business to the filling of physicians' prescriptions only.

DISPENSING.

Medical Summary.

IT HAS been said that the country doctor who cannot make a splint with which to dress an ordinary fracture is living in the wrong locality or has mistaken his calling. In like manner these men of expedients will always find in their saddle-bags or medicine case a remedy for most of the ills of flesh that they are called upon to treat. However, of late years the manufacture of medicines into palatable and convenient forms has become a fine art; wonderful strides have been made in this direction by our modern pharmacists and chemists, which has almost revolutionized the manner of prescribing, even by physicians in the most remote country districts.

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PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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Physicians when communicating with advertisers concerning their articles will confer a favor by mentioning this Journal.

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ECHOES FROM

THE AMERICAN MEDICAL ASSOCIATION.

EXHIBITORS at the Forty-sixth Annual Session of the American Medical Association held at Baltimore, May 7-10, were asked to give their views on the following questions. Replies have been published in all numbers of the JOURNAL since the Association meeting and are concluded in the current issue.

QUESTIONS.

1.—What are your impressions of this Exhibit, either as compared with previous ones, or as considered independently of all others?

2.—(*a*) How do such exhibitions tend to promote the science of Medicine and Surgery? (*b*) Is their value to be estimated chiefly from a commercial standpoint?

3.—(*a*) Should not all delegates and visitors of medical organizations manifest a personal interest in such displays? (*b*) If so, how best can such interest be incited and maintained?

ANSWERS.

SANITARIUM HEALTH FOOD CO., BATTLE CREEK, MICHIGAN.

1. I think the exhibit the best I have seen at any meeting of the American Medical Association for a number of years. 2. (*a*) They are one of the most important means of bringing new and valuable therapeutic resources to the notice of reputable physicians, and are so regarded by intelligent members of the profession. The men who are most interested and make the closest study of the exhibits are those who best appreciate the limitation of therapeutic science and are anxiously searching for new resources. Surgeons see what advancement invention and experience have made in surgical instruments and appliances and recruit their armamentarium accordingly. (*b*) It would certainly be an error to consider these exhibits as valuable only from a commercial standpoint. 3. (*a*) My observation has been that a large proportion of all the most progressive physicians in attendance at medical associations give special attention to the exhibits. (*b*) The best way of promoting this is to provide, as you did at Baltimore, a commodious and convenient place for the exhibition.

BAILEY & FAIRCHILD CO., NEW YORK.
Publishers.

1. Good. 2. A great source of education. 3. (*a*) They should.

DR. GEO. McCLELLAN, PHILADELPHIA.
Publisher.

1. The finest of them all. 2. (*a*) We believe them beneficial in course of time and remind the physicians of the progress they have accomplished from year to year. 3. (*a*) All M. D.'s should take a personal interest in the displays by attending them daily and examing the exhibit of each representative at the convention.

GLOBE MFG. CO., BATTLE CREEK, MICH.
Manufacturers Globe Nebulizer.

1. We think the exhibit compared very favorably with previous ones, and in itself was a very important feature of the meeting. 2. By securing a familiarity on the part of the medical men with the latest improvements both in manufacturing pharmacy and the manufacture of surgical instruments, and (*b*) is of much value to the medical profession itself as well as to the exhibitors from a commercial standpoint. 3. (*a*) Yes. (*b*) Much responsibility rests upon the local committee of arrangements. The exhibition hall should be of easy access and nearby the building in which the sections hold their meetings, if possible. Exhibitors should be encouraged to show their goods, rather than the thing being conducted for the purpose of revenue, and the attention of the sections should be frequently called to the exhibit during the days of the meeting, by public announcements.

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ALTA PHARMACAL CO., ST. LOUIS, MO.
Manufacturers of Melachol.

1. That it was one of the most attractive and largest in the history of the Association. 2. Such meetings are of great value to the medical profession, for the reason that the time has come when the pharmaceutical manufacturers must do the thinking for the busy physician, in so far as the combination of drugs, new formulas, etc., are concerned. A busy man has no time for this, hence the value to the physician of attending such meetings and becoming familiar with everything that is new. 3 (*a*) Yes. (*b*) By attractive displays and courteous treatment of the visitors.

F. A. DAVIS CO., PHILADELPHIA.
Publishers.

1. It compares favorably with any we have attended during the past nine or ten years. Independently we consider it a very good exhibit. 2. (*a*) By bringing members of the profession into personal contact with representative men of the different firms exhibiting and giving them their suggestions at first hand which are often helpful in bringing about the best results in the products of the different houses. (*b*) The exhibitors find their chief value in a commercial sense but not wholly so. 3. (*a*) We think they should. (*b*) This is a large question. Perhaps by always having the exhibits so convenient to the place of meeting as to make it practically impossible for any delegates or visitors to go away without seeing the exhibits.

TAYLOR BROS. CO., ROCHESTER, N. Y.
Manufacturers Clinical Thermometers.

1. It was our first experience at American Medical Association Exhibits, but we feel well paid for the time spent and have heard this same general expression of opinion from other exhibitors.

FAIRCHILD BROS. & FOSTER, NEW YORK.
Manufacturing Chemists.

1. We regard this meeting as the most successful held in recent years, not only from the character of the exhibits, but especially from the interest shown on the part of the medical profession, an unusually large proportion of delegates and visitors having personally attended the exhibits. 2. (*a*) By stimulating invention and competition on the part of those who purvey to the requirements of the physician and the surgeon; by presenting in a tangible form the joint results of the sciences and arts, applied in the mitigation, cure and prevention of disease. These expositions, therefore, should not only promote the science of medicine and surgery, but necessarily the allied sciences and arts. (*b*) They can have no commercial value unless they do, in the end, promote the science of medicine and surgery. 3. This personal interest, as evinced by careful examination, discussion and criticism of the objects and processes exhibited, is essential to the continuance and legitimate conduct and success of these expositions. With such an attitude, we believe these expositions capable of great extension in scope and practical value and increased participation and endeavor on the part of exhibitors, and thus they would increasingly justify and repay the co-operation of medical organizations.

BURROUGH BROS. MFG. CO., BALTIMORE.
Manufacturing Chemists.

1. When the peculiar times are taken into consideration, we think you may look upon the exhibit as a very fine display of staple articles, in which the progressive physicians are always interested. 2. Such exhibits, if so managed that nostrums and beverages are excluded, should sensibly advance and promote the mutual interests of manufacturers, physicians and surgeons. This will be brought about by an opportunity not otherwise afforded the average practitioner, to examine the newest products of the laboratory and instrument maker, thus enabling him to keep in actual touch with progressive medicine and surgery. 3. It goes without the saying that delegates ought to feel sufficient interest in the successful issue of their chosen life work to take advantage of every opportunity to examine personally new instruments and pharmaceuticals. When this interest is lacking in whole or part, it is probably owing to a poorly managed exhibit, or one in which practices are permitted that are at variance with correct business methods. We consider the present exhibition a success in every particular, and think your committee entitled to the thanks of both visitors and exhibitors for the very able management thereof.

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GEO. B. UNDERWOOD & CO.

Pulmonary Inspirators.

1. Can't say. It is our first experience. 3. (*a*) Yes. (*b*) Have some of the time in the main building given up to the exhibitors for the explanation of their goods, and do away with some of the rotten professional ethics.

DUKEHART CO., BALTIMORE.

Malt Extracts.

1. As compared with all previous conventions held here, this has been the most successful. 2. (*a*) By bringing to the notice of both branches of medical science new and useful remedies and appliances. (*b*) It is equally valuable to the doctor and manufacturer. 3. (*a*) They should certainly manifest interest, as it is made for their exclusive benefit and not for the public. (*b*) By always having a first-class exhibition.

W. D. ALLISON CO., INDIANAPOLIS, IND.

Operating Tables, Cabinets, etc.

1. I regard the exhibition at the American Medical Association as one of the best I have attended. The room was admirably adapted to that purpose. The arrangement and the order in which the exhibits were placed and the accommodations generally were excellent. Dr. Winchester certainly deserves great credit for his excellent management of the exhibit room. 2. (*a*) It strikes me that the inventor of scientific appliances and medical preparations and the physicians go hand in hand. The physician has no time to stop to invent or devise these appliances, yet it is very necessary to have them in his practice. These conventions afford an excellent opportunity for the physicians to examine these things and judge as to their merits and supply themselves with the best on the market. (*b*) We think the physicians are benefited equally as much as the exhibitors. 3. Many exhibitors who have articles of merit are discouraged at their inability to attract the attention of the physicians at these exhibits. The physician should certainly manifest enough interest in the advancement of these things to examine every exhibit if possible.

THE PROTEINOL CO., NEW YORK.

Manufacturers of Proteinol.

1. The Baltimore exhibit was superior to that at Nashville, Detroit, Milwaukee or San Francisco, but not up to Washington. The very excessive price charged for space kept a number of old exhibitors away. We paid 50 per cent. more for space in Baltimore than we ever paid at any other place. 2. By bringing before the physician all that is new in pharmacy and by giving him a sample of our product to test the result, and favorable orders follow. 3. (*a*) They should, but all do not. (*b*) By a nominal price for space and letting the exhibitor entertain the physician with a dinner, as is done in England.

CHLORIDE OF SILVER DRY CELL BATTERY CO., BALTIMORE.

We do not feel as if we should venture to express an opinion on this matter, as we are not accustomed to exhibiting at such meetings, and have, therefore, had no previous experience. While not dissatisfied with the results obtained from the exhibit our regular business was considerably neglected during its progress, and we shall not attend any more.

SEABURY & JOHNSON, NEW YORK.

Medicinal and Surgical Plasters, Etc.

1. We think the exhibit at Baltimore compared more than favorably with those made at previous meetings of the Association. 2. (*a*) Much interest was shown by the physicians in the articles exhibited; when this is the case, such exhibits must be of assistance to the science of medicine and surgery. (*b*) The exhibitors expend much money to bring the articles to the notice of the physicians, rarely with a chance of being repaid for their time and trouble at the time, but relying simply on having the attention of physicians in attendance to the extent of causing them to remember when the emergency arises that such an article is available. 3. (*a*) Yes. Delegates and those in attendance should show their appreciation of the exhibit by personal attention. Exhibitors soon tire if this is not the case. (*b*) The officers and committee should see to it that proper notice of exhibits are given out at the sessions, and adjournment made to visit the exhibit and in many ways they have it in their power to keep it fresh in the minds of the physicians. If this cannot be done exhibits in connection should be done away with, and none arranged for by the Association, leaving it to those usually attending such places to decide for themselves whether it will pay them to run an exhibit on their own account.

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DESCRIPTIVE.

FAIRCHILD BROS. & FOSTER, *New York.*—No firm name is more favorably known to the profession than the foregoing. True merit is stamped on all their products, which are prescribed with unvarying confidence by the most advanced members of the profession. Their specialty, Panopepton, of which they are the originators and manufacturers, is regarded by physicians as of inestimable value. It is a food par excellence for invalids, is indicated in all acute diseases, fevers, etc., and in convalescence. In seasickness it is especially acceptable. For infants during summer complaint, Panopepton is rationally indicated. Being preserved in a sound sherry, it is at once a grateful stimulant and food.

* *

THE DANBURY PHARMACAL CO., *Danbury, Conn.*—Linonine is the name of a new substitute for Cod Liver Oil and manufactured by this company. This emulsion is almost as pleasant to the taste as sweet cream and can be retained by the most sensitive stomach. It is meeting with a large demand in the Eastern and Middle States, where physicians are prescribing it very generally. *The New England Medical Monthly* contained a very interesting article on the use of Linonine, enumerating a number of cases in which it had been successfully used. Linonine is an emulsion of linseed oil, combined with drugs that directly influence the pulmonic tissue.

* *

W. H. SCHIEFFELIN & CO., *New York.*—The exhibit of this well known house was tastefully arranged and embellished with palms, plants and flowers. The chief articles on exhibition were their soluble coated pills and granules together with the products of the Farbenfabriken vorm Friedr. Bayer & Co., Germany. Mr. J. D. Chevelier of Philadelphia and Mr. M. P. Ward of Boston represented the company on this occasion. Messrs. Schieffelin & Co. have made a centenary record, their business having been established in 1793. Few establishments have attained to more eminent success or enjoy more highly the confidence and esteem of the profession throughout this and other countries.

THEODORE METCALF CO., *Boston, Mass.*—This well known Boston firm exhibited their preparation of Kola-Koloid, combining the properties of the Kola nut, coca leaves and Tokay wine and containing all the natural properties of the kola nut, caffeine, kolanin, theobromine and its essential oils. Its therapeutic effect has been clearly shown as a cerebro-spinal tonic with marked action on the kidneys and heart. It is indicated in all wasting and nervous diseases, dyspepsia, vomiting and diarrhea. They also exhibited their well known preparation of coca wine. Liquor Pancreaticus, and wine of American ash. Their coca wine has met with great success as a valuable tonic in convalescence and debility.

* *

THE HARVARD CO., *Canton, Ohio.*—This firm manufactures the Harvard Surgical Chairs and instrument cabinets. Their goods are well and favorably known throughout the civilized world. The "Harvard" was the pioneer in modern chairs, which, with the recent valuable improvements, has enabled it to maintain a leading position among competitors. A large number of orders were placed during the convention with physicians and surgeons from nearly every State in the Union. The cabinet, while a more recent product, enjoys the same growing popularity as the chair. The manufacturers were represented by their agents, Messrs. Clark and Glidden, and wish to thank the medical profession for the appreciation shown on this occasion.

* *

KRESS & OWEN, *New York.*—Among the very meritorious articles exhibited was Glyco-Thymoline (Kress). This product is offered to the medical profession as a scientifically constructed cleansing solution. It is composed of sodium, borax, benzoin, salicylic acid, and so on, with solvents. It is being largely used in hospital practice. During the year 1893, the New York Throat and Nose Hospital used 880 bottles of Glyco-Thymoline in the treatment of nasal catarrh. Its employment in inflammation of the mucous membrane of the uterus or vagina has proven it especially valuable. In the local treatment

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of hay fever, physicians are prescribing it with very satisfactory results.

* *

HORLICK'S FOOD CO., *Racine, Wis.*—The representatives of this firm, Dr. C. K. Jump and Mr. C. M. Phelps, dispensed more than 1000 samples of Horlick's Malted Milk to the Exposition visitors. Mr. Alex. J. Horlick was also present to meet his old friends and to make new ones. Malted Milk is a carefully selected wheat and barley malt, and pure, fresh sterilized cow's milk. It contains every element necessary for the proper nutrition of the infant, the invalid, the nursing mother and the aged. It requires no cooking or any addition but water, in which it will readily dissolve. It is very palatable and will agree with the weakest stomach.

* *

SHULL, TUTTLE & CO., *Philadelphia, Pa.*—One of the recent products of the pharmaceutical laboratory, which is appealing successfully to the favor of the medical profession, is Pinapin. It was discovered some years ago that the juice of the pineapple possessed marked properties for digesting proteid animal and vegetable substances. Later it was found that fresh pineapple was a very powerful digestant of albuminous matter. Some valuable literature is extant on the subject and experimentation with Pinapin has revealed other valuable therapeutic properties. In all forms of dyspepsia it is an article of great value. This preparation is destined to prove a valuable acquisition to the physician's formulary.

* *

SHINN & CO., *Philadelphia, Pa.*—At this favored location in the Cyclorama Building the famous Londonderry Lithia Water was exhibited. Because of the intense heat during the Association meetings, there was a great demand for Lithia Water. The attendants opened at this stand over 2500 quart bottles to assuage the thirst of the visiting physicians. Londonderry was used on all the speakers' tables and in the committee rooms. Messrs. Shinn & Co. are the agents for Philadelphia, New York, New Jersey, Delaware, Maryland and the District of Columbia. This water is the one most extensively used in the principal clubs of Boston, New York, Philadelphia, Chicago and other cities.

JOHN F. HANCOCK, *Baltimore, Md.*—The above name is familiarly and favorably known to the profession and the trade throughout the country. The products of this laboratory can always be relied upon for their scientific and therapeutic value. Hancock's Aromatic Liquid Pepsin is a very superior preparation. It is an acidulated solution of purified pepsin and is an efficient digestive tonic, strengthening and increasing the functional and nutritive vigor of the nervo-muscular coating of the stomach. It is indicated in all forms of digestive derangement in which pepsin is deemed advantageous. In the summer complaint of children and in over-feeding it is very efficacious.

* *

EISNER & MENDELSON, *New York.*—The above widely known firm, who are the agents for the Genuine Johann Hoff's Malt Extract, Carlsbad Waters, Sprudel Salts, Vichy Waters, etc., occupied three prominent spaces, forming a very neat and attractive exhibit. Mr. August of the company was very liberal in dispensing samples to the visiting physicians, and materially assisted in making the exhibition a success. The firm had on exhibition fac-similes of the various medals awarded Johann Hoff's Malt Extract by the crowned heads of Europe, and the different expositions where the Malt Extract was displayed. Johann Hoff's Malt Extract is one of the standard remedies of the day.

* *

THOMAS & THOMPSON, *Baltimore, Md.*—This local firm has attained a more than local renown as manufacturing chemists. Their elegant display of syrups, elixirs, wines, etc., indicated in some measure the extent to which their business has been developed. Their Liquid Pi-cine Comp. is a cleansing, antiseptic, non-irritating, healing and curative preparation and possesses a wide range of useful application. It is especially adapted in the treatment of catarrh and laryngitis and may be used as a spray or with a douche, or by other methods of local application. It is an invaluable remedy for internal and external use where alterative, antiseptic or prophylactic service is required.

* *

J. M. GROSVENOR & CO., *Boston, Mass.*—The foregoing are agents in the United States and Canada for the new rice-flour capsules called Konseals. This new method of

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dispensing bad-tasting medicines is meeting with great favor. The Konseals are perfectly soluble and tasteless and are more easily taken than pills, capsules or powders. It is claimed that patients who are easily nauseated in taking medicines by other forms will retain the drug when administered in Konseals. Visitors were particularly interested in this method of dispensing, and the machines exhibited for this purpose attracted considerable attention. Konseals are sure to grow in favor with the profession.

* *

CHAS. MARCHAND, *New York.*—No name is more generally or more favorably known to the medical profession than that of Chas. Marchand, in connection with his Peroxide of Hydrogen, Glycozone, Hydrozone, etc. The latter is the strongest antiseptic known. In diphtheria, sore throat, catarrh, hay fever, la grippe, abscesses, infectious diseases of the genito-urinary organs, inflammatory and contagious diseases of the alimentary tract, typhoid fever, skin diseases, etc., it is indispensable. Marchand's Peroxide of Hydrogen (medicinal) obtained the highest award at the World's Fair for its stability, strength, purity and excellency. Glycozone was awarded both medal and diploma at the Fair for its powerful healing properties.

* *

SHARP & DOHME, *Baltimore, Md.*—The exhibit of this house occupied the center of the Cyclorama Building where key-stone-like they held the position of prominence, which has always characterized their house. This house has made vast strides during the last fifteen years, owing to their careful, conservative policy. The manufacture of their pharmaceutical products is personally directed by Messrs. Louis and Charles E. Dohme, and all their drugs and chemicals are carefully assayed and examined by Dr. Alfred R. L. Dohme, their chemist. The exhibit was looked after by Messrs. Henry Mittnacht, Cecil Mullikin and Dr. B. T. Winchester of Baltimore and Dr. Geo. Hunter of New York.

* *

PUBLISHERS AND PUBLICATIONS.

The following publishers and publications were represented a Exhibition Hall: Dr. J. H. Kellogg of Good Health, Battle Creek, Mich.; F. A. Davis Co., Philadelphia; Bailey and Fairchild Co. of New York; Edward Trust of McClellan's Regional Anatomy, Philadelphia; J. B. Lippincott Co., Philadelphia; D. Appleton & Co., New York; Lea Bros., Philadelphia; W. B. Saunders, Philadelphia; Editorial Department of the Morning Herald, Baltimore, Md.; Dr. Laudon B. Edwards of the Virginia Medical Monthly; Dr. J. C. Culbertson of the Lancet Clinic, Cincinnati; J. McDonald, Jr., International Journal of Surgery, New York; Charles Wood Fassett of the Medical Herald, St. JosephMo.; Miss Dora Jones of the Medical Brief, St. Louis; Dr. John C. LeGrand of the Medical Age, Anniston, Ala.; Drs. C. F. and J. J. Taylor of the Medical World, Philadelphia; Irving C. Benjamin of the American Druggist, New York; Henry S. Upson of the Western Monthly Medical Journal, Cleveland; Dr. E. E. Holt of the Journal of Medicine and Science, Portland; Dr. I. N. Love of the Medical Mirror, St. Louis; Margaret L. Hackedorn, Woman's Medical Journal, Toledo, Ohio; Dr. A. H. Ohmann-Dumesnil, St. Louis Medical and Surgical Journal, and others.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 10. BALTIMORE, JUNE 22, 1895. WHOLE NO. 743

ORIGINAL ARTICLES.

A CASE OF SYPHILITIC ENDOCARDITIS CAUSING MITRAL VALVE INSUFFICIENCY.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AT ITS NINETY-SEVENTH ANNUAL SESSION, APRIL 23-27, 1895.

By Charles O'Donovan, M. D.,

Baltimore.

S. E. WHITE, aged 36, male, unmarried, came to me on October 6, 1894, complaining a great deal of a constant and severe pain just above his left nipple, which was always aggravated whenever he lay in bed, and made him so nervous and restless that he could not sleep. He said that he was sure that something was wrong with his heart from the constant pain and from its quick beating and especially the thumping that always came on with any exertion or excitement, or when he tried to go to sleep. He was extremely nervous about himself and had an anxious, harassed expression of countenance.

He had always been a powerful man, of medium build, but great muscular strength, and even now could upon occasion exert his strength, but always at the price of increased pain and much palpitation, sometimes even causing a fainting sensation. He had for years worked as a laborer at jobs that kept him much exposed to the weather in all seasons, often being wet through for hours at a time. He smoked too much tobacco and had done so for ten or twelve years. He was also a periodical drunkard, going on sprees at intervals of three or four months, that would last from one to three weeks, during which time he would associate with the lowest of men and women in the vilest neighborhoods. When I saw him he had but lately recovered from one of these experiences. He had had gonorrhea a number of times, but was not sure about syphilis. He had in his left groin an old cicatrix of a bubo. He had no gross appearances of syphilis about him; his hair was fairly thick. He had no sore throat or any skin eruption.

His general health, apart from the one source of uneasines, was excellent; he had a good appetite; his bowels and kidneys were all right; he was anxious to be relieved of his heart pain and irregularity so that he could get back to work. Upon close questioning he recalled, as of no consequence, that he frequently felt a trifle chilly once or twice each day, and that after these "creeps" he would be quite hot and flushed, and frequently sweat freely. As he had been working in a malarial region lately he naturally attributed the chills to malaria and had been dosing himself quite freely with quinine, but without getting any relief or benefit from it. He had also a short cough with some slight expectoration, white in color and of a frothy appearance.

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Auscultation revealed that his lungs were free from any trouble beyond a slight bronchitis in the finer bronchi with some few rales heard in different places; the percussion note was resonant over both sides.

The heart was quite interesting. Its action was hurried, the pulse at the time of examination being 126, but this was probably partly owing to excitement. The beating was irregular, a few beats of moderate intensity and regular movement being followed by several more rapid and quite jerky contractions, then perhaps a loss of a beat, or a pause, followed by one or two jerks in irregular sequence, so that the heart action was very irregular. With this went a loud murmur of mitral regurgitation, accompanied by a thrill that could be felt with the finger tip placed just to the left of the apex beat and a little above it, in the intercostal space below the nipple. The murmur could readily be detected from behind by listening just inside of the edge of the scapula. At the time, from the history of the man, I suspected rheumatic endocarditis, but the most careful examination could elicit no recollection of pains in the joints, or anywhere, indeed, except the precordial pain already referred to.

However, it was apparent that there was some trouble inside of the heart cavity, which was probably increasing in gravity, as he was sure that his pain had lately grown worse and that his shortness of breath and weakness after exertion were more pronounced. He was told to go home and stay in bed and was given a mixture containing bromide of soda as a sedative while the course of the trouble could be watched. The next day, after having rested as well as possible in bed, he reported no change, except that his heart seemed quieter. He was given

℞.—Carbonate of Ammonia. . ℈ ij
Tinct. of Strophanthus. . gtt. xxx
Comp. Tinct. Cinchona. . ʒ iss
Water to . . . ʒ ij

S. A teaspoonful in water three times a day.

This treatment seemed at first to give some trifling relief; his heart action became more regular and somewhat slower, but the murmur persisted, and indeed, grew very slowly more pronounced in spite of his resting and abstinence from work. During this time he used tobacco very sparingly and drank no stimulants whatever. He grew more haggard and anemic so that on October 29 the strophanthus was stopped and the treatment was changed to the following mixture:

℞.—Sulphate of Quinine. . ʒ ss
Muriated Tinct. of Iron. ʒ vi
Glycerine. . . ʒ ij

S. Thirty drops three times a day, after eating.

No rheumatism or other local symptoms had been complained of and I thought it possible that the very evident anemia might be causing the murmur. He was watched quite carefully and his color improved somewhat while taking the iron. He thought at first that he was better; he was sure that he breathed better and for a while he was much encouraged. The treatment was continued for nearly a month, with generous diet, and plenty of rest; but during the whole time there was no improvement whatever in the heart; it continued to beat fast, always over 100, was quite jerky and irregular, and the murmur was not a bit better, if anything it was more pronounced. Late in November, after a full month of the iron treatment he reported just as bad as at first, and was very despondent; he got very little sleep at night and that was interrupted by the constant dread of some indefinite terror referred to his heart, or he would awake unrefreshed from some horrible dream. During the day, except for the ever present heart pain and throbbing, he was well enough, but as soon as he would get into bed the agony would begin again. At this time I examined him again very carefully and could find nothing wrong with him except the heart trouble. I questioned him particularly about syphilis but he denied any recollection of having it.

The next time I heard of him he was drunk and I fully expected next to hear of his death. He drank hard for about three

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weeks, and after partially sobering up he kept with his low associates for several weeks longer, so that I did not see him again until February 6, 1895, when he came into my office in a truly pitiable condition. His money was all gone, he had been half-starved for several weeks, he had been exposed to cold and wet during some very cold weather, he had a severe, hacking cough, with some slight expectoration, his feet and ankles were swollen and edematous, his breath was quite short, especially after any exertion, he was thin, white and pinched. The action of his heart was quite weak and irregular, ranging from 100 to 120 at different times; the mitral murmur was much more apparent and slight murmurs were to be heard at the other valves. He was sent home and told to go to bed. The next day he reported that he was in no way better for his rest; he had slept but little and from that had derived no benefit. It was now apparent that rheumatism could have had no part in causing his trouble, for he had been so exposed during his spree that any rheumatic tendency must have developed, but no articular trouble could be found, nor the history of any such trouble. The iron had given him no relief when persisted in for weeks.

The possibility of a syphilitic taint became a strong probability; as a test by medicine he was ordered one-twelfth of a grain of red iodide of mercury with eight grains of iodide of potash in solution three times a day. After three or four days his improvement was manifest and after one week he could sleep quite comfortably at night, had much less pain in the region of the heart and complained little of shortness of breath. The treatment was continued for three weeks without interruption, when his improvement was so great that but two doses were given each day instead of three. At the end of one month he felt very well, looked better in every way, his heart sounds also had improved; no murmur could be heard except the mitral regurgitation and that was much less apparent than before the iodide had been given. The edema had entirely disappeared. He was allowed to go to work and did so with very little inconvenience. On March 26 I listened to his heart and had some difficulty in making out any murmur whatever. He is working now at hard labor and has no difficulty in performing his share. He was advised to continue the same medicine at least once a day for several months and to continue under observation. On April 2 I examined him again and no murmur could be detected.

Recent references to heart syphilis may be found in Flint (Practice of Medicine, pp. 324 and 349), Osler (Practice of Medicine, page 178), Loomis (Practice of Medicine, page 543), Keyes (Venereal Diseases, page 203), and in Vol. II of Morrow's System of Genito-Urinary Diseases, Syphilis and Dermatology, pages 375 and 376. This is in the article by Councilman on visceral syphilis, in which he treats of syphilis of the heart. He describes minutely the pathological changes that have been observed in the heart as a result of syphilis, especially changes in the myocardium; of endocarditis he says, "There have been cases described in which the lesions were limited to the endocardium. It is very difficult to say how many of these should be ascribed to syphilis." He quotes Lang, who describes a syphilitic valvular endocarditis in which papillary condylomatous grayish-white nodules are distributed along the edges of the valves. He quotes a case reported by Baumgarten, of a man twenty-eight years old, who had, along with syphilis of the cerebral arteries, a soft, smooth, round excrescence on the left flap of the mitral valve. Councilman, however, does not relate any of his own cases in which syphilitic endocarditis may have occurred. Either of the lesions described above would probably cause during the life of the individual just such a murmur as existed in my case; and anti-syphilitic treatment, in all probability, if begun early enough and persisted in would have produced a rapid and complete reabsorption of the neoplasm and a consequent disappearance of the murmur. This, I think, is what happened to the man that I had to deal with.

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It is a well known fact that the heart murmurs of rheumatic endocarditis frequently disappear if properly handled soon after their commencement, but this man had no rheumatism, even when exposed to very severe weather, with insufficient clothing and food while on his drunken sprees, an experience that must have involved some of his joints were he suffering from rheumatic taint. Nor could the murmur be hemic, for, although he was quite anemic in appearance and for a while very poorly fed, yet the murmur made its appearance at a time when he was otherwise in ordinarily good health, and grew no better when he was carefully nourished and treated vigorously with iron.

The course of the disease seemed gradually but surely to progress alike under good care and attention as under the grossest neglect and positive abuse. No marked improvement followed any treatment until he was put on the iodides, when he began at once to receive benefit; and this change for the better has been lasting, he has gone on steadily growing stronger, has lost his heart-pain, has entirely got rid of the murmur and works every day as well as ever at very hard work. The course of improvement is so very like the recovery from some syphilitic nervous lesion that the striking analogy renders the accuracy of the diagnosis almost certain.

THE EMOTIONAL BRAIN.

READ BEFORE THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA AT ITS FORTY-FIFTH ANNUAL MEETING AT CHAMBERSBURG, PA., MAY 21 TO 24, 1895.

By Benjamin Lee, M. D.,
Philadelphia.

IS THERE any one present who has not read "Trilby?" If so let him hold up his hand; or better, let him preserve his incognito and make good the omission at the first opportunity. What is it that gives this book its wonderful charm, so that young and old, men and women alike, yield to its fascination and devour its pages? And why have its characters become so suddenly living personalities in our daily life? It appears to me that at least one, if not an all-sufficient, reason, can be found in the fact that the story is a series of flash-light photographs of living beings and actual scenes. It throws these upon the screen in the strongest light and shade. It is absolutely true in all its details—sets down naught in malice and naught extenuates—indulges in no mawkish sentimentalism or morbid introspection, but goes straight to its point with all the directness, naïveté and freedom from affectation of an Old Testament narrative.

Among its pictures we find one of an interesting case of disease of the great nerve centers. It is boldly drawn and with few strokes, the description being not that of a scientist, but of an acute lay observer. You all know the story. How a gifted young artist, little more than a boy, of a temperament sensitive, emotional and high-strung, receives a sudden and terrible shock, in the cruel loss of the woman whose love he has just succeeded in winning, and whom he in turn loves to distraction. An outburst of stormy and semi-maniacal rage followed the discovery. "And finally he gasped, screamed and fell down in a fit on the floor." "Little Billee's attack," says the author, "appears to have been a kind of epileptic seizure. It ended in a brain fever and other complications—a long and tedious illness. It was many weeks before he was out of danger and his convalescence was long and tedious too. His nature seemed changed. He lay languid and listless—never even mentioned Trilby, except once to ask if she had come back, and if she had been written to."

At length one day, touched by the devotion of his mother and sister, "tak-

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ing them both in his feeble arms, he fell aweeping quite desperately, and for a long time.

"And when his weeping time was over, when he had quite wept himself out, he fell asleep. And when he awoke he was conscious that another sad thing had happened to him, and that for some mysterious cause his power of loving had not come back with his wandering wits — had been left behind — and it seemed to him that it was gone forever and ever — would never come back again —not even his love for his mother and sister, not even his love for Trilby— where all that had once been was a void, a gap, a blackness."

At the end of a few months spent in his native village, his health returns, he takes his part in the social life of the village, and awakes one morning to find himself famous, his pictures painted while he was in Paris having achieved a distinguished success. "But," still using the words of the story teller, "one thing constantly preoccupied and distressed him—the numbness of his affections." "It was as though some part of his brain, where his affections were seated, had been paralyzed, while all the rest of it was as keen and active as ever. He felt like some poor live bird or beast or reptile, a part of whose cerebrum or cerebellum (or whatever it was) had been dug out by the vivisector for experimental purposes; and the strongest emotional feeling he seemed capable of was his anxiety and alarm about this curious symptom." . . . "He felt, rather bitterly, how happy he could be if the little spot or blot or knot or clot, which paralyzed that convolution in his brain where he kept his affections, could but be conveyed away." All the adulation of the world of fashion, all the distractions of London society, cannot charm away "his everlasting chronic plague of heart insensibility, which no doctor could explain or cure." His own diagnosis of his case occurs in a monologue held with an amiable dog of the name of Tray: "Wait," he says, "till you get a pimple inside of your bump of— wherever you keep your fondness, Tray. For that's what's the matter with me — a pimple — just a little clot of blood at the root of a nerve, and no bigger than a pin's point."

Thus much for the clinical picture. What shall we say as to the diagnosis? To a certain extent it is correct. There is a lesion of an important nerve center. It may be, in his unscientific language, "a spot or a knot or a blot, or a clot" — we often come no nearer an accurate description of a pathological condition ourselves — which is paralyzing this nerve mass. But he mistakes in locating it in either the cerebrum or the cerebellum. For every human being has two brains, a thinking brain and a feeling brain; a rational brain and an emotional brain, a brain which ponders and calculates and schemes and records impressions of the outer world, and a brain which loves and hates, rejoices and grieves. The rational brain it situated in the cranium, the emotional brain in the abdomen. In common parlance we speak of their respective functions, or manifestations, or resultants, as mind and heart. As anatomists we know of course that the heart, being simply an ingenious pump, has nothing to do with the case — any more than "the flowers that bloom in the spring." This expression has come into use because the heart, for wise purposes, is greatly under the control of the emotional, or as it has been well called, the "abdominal" brain, and responds quickly to its varying stages and perturbations.

The old phrase "bowels," meaning not the intestinal tube, but the abdominal viscera, comes much nearer the truth. Thus we read in the Bible of "bowels of mercies," "bowels of compassion," and of the "yearning of the bowels." The particular viscus, from which the affections emanate and which was the seat of Littrebilli's malady, is the solar plexus, composed of the two semi-lunar ganglia, with the wonderful interlacement of nerves and lesser ganglionic enlargements which bind them together and at the same time associate them with the sympathetic and cerebrospinal nerves and ganglia. The old anatomists showed a correct appreciation

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of its importance in naming it the *solar* plexus, for it is indeed the sun of the human system, radiating light, warmth and joy to its remotest parts, while when its rays are withdrawn, the whole nature is shrouded in gloom.

What do we know of this important organ? Little enough. Both anatomist and physiologist pass it by with the baldest kind of a reference, and in autopsies no one thinks of digging it out from its secure hiding place behind the stomach, and interrogating it for the solution of the obscure problems of emotional pathology.

It is probably safe, however, to attribute principally to its abnormal action or condition three by no means uncommon and very intractable affections, hysteria, melancholia, and hypochondria. I think it was Abernethy who recorded it as the result of his extensive observation that no one ever died happy who died of a disease below the diaphragm. This is readily understood if we consider how directly affections of the organs of that region must react upon the abdominal brain. The depressing effect of dyspepsia in all its forms, and of defective action of the liver, upon the spirits is explainable in the same way. Of acute diseases the only one which we can reasonably consider as directly affecting the solar plexus is epidemic influenza, and I know of no other way of accounting for the protean manifestations of that malady, and especially for the profound and abject despair which is so constant an accompaniment of it.

If we know little of the pathology of this organ, we know still less of its therapeutics. The agent which appears to have the greatest affinity for its cells is alcohol, and next to that nitrous oxide. It is probable that all the nervines affect it in common with the rest of the nervous system. Of these, nux vomica and its derivatives have the most potent influence. Coca, theine and caffein are also possibly of value.

Physics, rather than physic, however, must furnish our armamentarium for the treatment of disorders of this important nerve center. The imponderables—light, heat, electricity, and that which includes, involves and evolves them all, motion, are the agents on which we must place our main dependence. We must work back through the terminal sensory nerve filaments to the centers of sensation and of emotion, and thus modify their nutrition. Light and heat are available through travel and change of climate, and the sun bath. Heat, locally, may either be added or rapidly abstracted. Hot and cold douches are favorite means of accomplishing these objects, but the hot water bag and the ice bag are more manageable and efficacious and usually more acceptable to the patient. They should be applied to the epigastrium and to the corresponding region of the back on either side of the spinal column.

Electricity may be employed both generally and locally, that is to the muscles and the cutaneous surface. Faradization generally and galvanization locally give the best results. Locally one pole should be placed over the epigastrium and the other on either side of the spine, below the tenth rib—or one on the neck just below the angle of the jaw and in front of the sterno-cleido-mastoid muscle, and the other alternately at the epigastrium and over the points indicated on the back.

Motion is administered in the form of exercise in its ordinary sense, of Swedish movements, and of massage. For those who are strong enough to take it, the saddle is an admirable prescription, not only for its invigorating effects on the general processes of nutrition and the emotional exhilaration which it arouses, but because the vibrations which it produces act directly upon the capillaries and cells of the central nerve mass under consideration.

In cases in which the patient is unable to take ordinary exercise, the movement cure provides an admirable substitute, affording us the advantage of exercise without the expenditure of nerve force. This should always be accompanied by massage, and, indeed, in a large number of cases the latter alone can be resorted to. Its application includes the four well known divisions of kneading, stroking, friction and percussion, which

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should be varied to suit the requirements of each particular case. The form known as vibrations is of special service in these conditions. These may be applied either by the hand of the manipulator, or, much more effectively, by means of a machine constructed for the purpose. In this way, vibrations of excessive rapidity may be communicated to any part of the body for any required length of time. The abdomen, epigastrium and dorsum are the proper points for application in the affections under consideration. This therapeutic means produces a profound impression on the nutrition and cellular activities of the nervous tissues, and should therefore, like galvanism, be used with caution and discretion.

My object in bringing this subject before the Society has been to call attention to a neglected and, as I believe, fruitful field of research, and to urge upon those who have the time, the facilities and the training, the importance of losing no opportunity of prosecuting microscopical and laboratory investigations into the pathology and the cellular affinities of the great solar plexus.

INFLUENZA AFTER CHILDBIRTH.—Influenza or grippe is principally a serious malady on account of its complications. The lying-in woman is especially susceptible to infectious diseases and no conscientious physician will attend a labor case after a visit to a contagious disease. One would think that the lying-in woman would be a prey to influenza, but as Dr. R. Abrahams points in the *American Journal of Obstetrics*, the facts show that the character of the grippe infection differs from all other known infectious diseases at least as far as the relation of the infection to the puerperal state is concerned.

His observations on this subject lead him to state positively that the woman in her accouchment is no more susceptible to grippe than her husband, but if this disease does gain a foothold at this period it is very demoralizing in spite of the most elaborate antiseptic precautions. In conclusion he says that the following points have guided him to a correct diagnosis:

"The uterus in every case was normally contracted and of normal size; no tenderness or pain over it or its appendages, either by abdominal palpation or vaginal examination. The lochia, which in very severe cases were somewhat suppressed, yet in all were of the normal color and odor; the os was not patulous, and tympanites was absent.

"In addition to these valuable differential points, I made it a rule to examine most carefully every patient, with a view to the detection of some possible hidden source of infection, and in each case the result was negative.

"The prognosis, as far as I could judge from my experience, is good. Not one patient died, not one developed sequelae. In one instance an urticarial eruption appeared, during the course of the complication, over the abdomen, which was attended with severe itching, but I was inclined to think that that was the result of the quinine that was given for the temperature.

"No matter what type the grippe assumed, the average duration was not longer than from four to eight days. Thereafter the woman felt and looked as if she fought hard, but had the satisfaction of being the victor. My treatment is worth mentioning for its negative character. The ice bag, the curette, the intrauterine douche, were conspicuous by their absence; the main reliance was placed on good nourishment and stimulants when indicated."

* * *

TRIONAL-POISONING. — Hecker (*University Medical Magazine*) reports the following case: A woman, aged 50 years, a sufferer from mental depression for ten years, had taken forty-five grains of trional at bedtime with good results for a period of ten days. Subsequently, however, the drug induced coryza, slight fever, vertigo, weakness and profound malaise. Subsequently symptoms resembling paretic dementia developed. The discontinuance of the hypnotic was followed by a complete restoration to her former condition.

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SOCIETY REPORTS.

BALTIMORE NEUROLGICAL SOCIETY.

MEETING HELD MARCH 13, 1895.

The eleventh monthly meeting of the Baltimore Neurological Society was held at the Catonsville Country Club, Wednesday evening, March 13. Fourteen members braved the storm and took part in the proceedings. The subject for general discussion was ALCOHOLISM AND ITS EFFECTS UPON NERVOUS AND MENTAL DISEASES.

Dr. E. N. Brush said that he regretted very much the absence of Dr. Berkley for he felt that after Dr. Berkley had talked of the pathology of alcoholism and Dr. Preston had given a statement of what neurologists observed in persons addicted to the inordinate use of alcohol, the ground would be so well taken that there would remain little for him to say. He believed that a description of the conditions observed clinically by neurologists were in many in stances very readily applicable to those observed by the medico-psychologists and certainly there was nothing different in the pathology of the nerve and cell changes, between those observed in diseases of the peripheral nerves, and the pathological effects which come under observation of those who deal mainly with the mental effects of alcoholism.

It was unnecessary, he believed, to enter upon the effects of alcohol upon the mental operations as observed either in ordinary intoxication or in delirium tremens in a discussion of this character. Aside from these we might next consider two varieties of those who use alcohol to their detriment; these are the inebriate and the dipsomaniac. The difference between these might be characterized as one of the resistance and the desire to resist. In the inebriate, before there had resulted those mental and moral changes which almost always, to a degree, follow the constant use of alcohol, there was commonly the ability to resist a temptation to drink without, however, the desire, while in the dipsomaniac there was the desire very commonly to resist periodically giving away to temptation without the ability to self-control. The inebriate had commonly a low or deficient moral sense or sense of shame, while the dipsomaniac was usually wholly conscious of his unfortunate condition, but did not seem to possess the power to .resist sufficiently developed to escape the unfortunate tendency which afflicted him. In the dipsomaniac there were commonly found other neurotic conditions and not infrequently a history of marked mental and nervous heredity. Cases were cited by the speaker which illustrated this point.

Aside from these cases, and inclusive of them, there were numerous instances observed by physicians both in institutions for the insane and out of them in which as the result of alcohol there seems to be a distinct loss of mental and moral tone. Individuals who previously were active mentally, careful and scrupulous in all the relations of life and neat in appearance and correct in behavior, became dull and forgetful, indifferent in matters of veracity, careless in dress and personal appearance. These cases form the advance guard, as it were, of the next class of cases in which there was more marked mental disturbance, a condition of actual confusion with more or less dementia, resembling in some respects the mental condition of extreme senility. These patients at times lose their senses of identity, they were unable to recognize where located, the passage of time made little impression upon them; they were unable to remember the time, day of the week or of the month, could not tell in the middle of the morning whether or not they had breakfast; would be able to talk with the visiting physician concerning their symptoms, but within a very few moments after he left forgot that he had made a visit. Sometimes these mental symptoms were ushered in by a convulsion and occasionally the course of the case was interrupted by a seizure resembling in many respects epileptiform attacks. Next in order to these cases would come those forms of insanity which more or less closely resemble ordinary attacks of melancholia and mania.

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In the melancholic attack there were usually associated symptoms of marked hypochondriacal tendency, while the maniacal attacks were commonly of the delirious order. Another form of mental disturbance which had a more constant clinical picture was characterized by delusions of persecution, by hallucinations of hearing and occasionally of sight, and these cases were not only very difficult to manage, but were frequently dangerous by reason of their sudden and unprovoked assaults on persons whom they believed were persecuting them. These assaults were not commonly made upon members of their own family. Very commonly these patients had delusions regarding their wives, believing them unfaithful. There is another form of alcoholic mental disturbance resembling general paresis or progressive general paralysis of the insane, the pseudo-paresis of alcohol. The speaker related a case of this character, recently discharged recovered from the Sheppard Asylum, which upon admission in both the physical and mental symptoms resemble general paresis. There were unequal pupils, tremor of the extremities and of the lips and tongue, paretic speech and absence of reflexes. There were in this case no extravagant delusions, but on the contrary, as in true paresis, occasionally, the delusions were of a melancholic and hypochondriacal type. It is very difficult to say to what degree alcohol is responsible for attacks of mental disturbance in proportion to the entire number of cases of insanity in the community. Statistics upon this point vary exceedingly and depend somewhat upon the bias of the person who compiles the statistical tables. Moreover, there are associated with cases in which alcoholic excess plays a prominent role, conditions of disturbed health, family history, etc., which may cause the observer to lose sight of the alcoholic history. It is, moreover, often the case of chronic alcoholic insanity, with ideas of persecution and hallucinations, that the patient has been a secret drinker, going about his business in a regular and methodical way during the day time, but rarely retiring sober at night. This course, in time, resulting in mental break-down while the physician in charge of the case does not have any intimation of the real history of the patient's life.

Dr. Brush then referred to some statistics from English asylums for ten years, 1878 to 1887 inclusive, which showed that alcohol was the cause attributed in $19\frac{8}{10}$ per cent. of the men admitted to the asylums of Great Britain for that period and in $7\frac{2}{10}$ per cent. of the women or in $13\frac{4}{10}$ for both. In New York State, from 1888 to 1893 inclusive, 12,207 cases were admitted, in $10\frac{8}{10}$ per cent. of whom alcohol was assigned as the cause of insanity. The statistics of the asylums of Pennsylvania show about the same percentage of cases in which alcohol was assigned as the cause as in New York. In the opinion of the speaker, this percentage was below the actual number. Dr. Brush referred to an article which he had just seen on the day of the meeting, by Dr. Bond, pathologist and assistant medical officer of the London County Asylum, Banstead, in the *British Medical Journal* of March 2, 1895, in which Dr. Bond attempted to show by the much larger percentage of cases of renal disease found in the autopsies in the asylums of London than in the general hospitals drawing patients from the same district that the percentage of cases in whom insanity was in a measure traceable to alcohol was much higher than represented in the statistical tables. Dr. Bond, in conclusion, stated his opinion that at least more than twice the number than at present enumerated in statistical tables owed their entrance to the asylums of London partly at least to alcohol. Dr. Bond's statistics were drawn from the asylums at Hanwell, Conley Hatch, Banstead and Cane Hill. Dr. Brush did not quote these statistics with a view of endorsing them, but as affording some interesting and suggestive facts.

Dr. George H. Rohé expressed the opinion that too much influence is generally attributed to the abuse of alcoholic stimulants as a factor in the causation of insanity. The personal equation of the observer who finds 12 to 15 per cent. of insanity to depend upon

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alcoholism should be known. There is always a strong desire to find a cause for the insanity and intemperance is such an elastic term that it can be stretched to cover very widely divergent conditions. Much depends upon the point of view of those who make the statistics. Doubtless also the social stratum from which the patients come makes a difference. Thus while it is probable that in institutions like Bay View and pauper asylums generally, the percentage of alcoholic insanity is large, in hospitals drawing their population from a better class of persons it will likely be found smaller. In the admissions to the Maryland Hospital for the Insane, the cases where the insanity could be directly attributed to the abuse of alcohol is very small, under five per cent.

He was particularly interested in two groups of cases of alcoholic insanity to which Dr. Brush had called attention. First, those simulating general paresis. In these the symptoms so closely resemble those of that fatal disease that a mistake in diagnosis, and consequently of prognosis, is easily made. In his experience, the prognosis in these cases is fairly favorable. The other group is that in which there are delusions of want of conjugal fidelity. This symptom is so often present that von Krafft-Ebing has called especial attention to it as a characteristic manifestation of alcoholic insanity.

Dr. John Morris said: My experience in alcoholic insanity has been chiefly among the depraved and criminal classes. This experience has been gained as a Commissioner in Lunacy. More than thirty per cent. of the criminals in our prisons and in the various asylums and almshouses of our State suffering from insanity owe their condition (leaving out the law of inheritance) to the excessive use of alcoholic drinks. There is a form of acute insanity not fully recognized by writers on jurisprudence or by courts of law in which men and women become thieves and kleptomaniacs. There is a total loss of memory in these cases and crimes are committed of which there is no recollection when reason is restored. Cocaine and morphia more particularly bring about this condition. The courts hold that excessive indulgence in alcoholic stimulants only aggravates a crime when committed under their influence. This, in my judgment, is bad reasoning and not founded on experience and observation. Of course, if a man, as occasionally happens, prepares to commit a crime, to obtain "Dutch courage," as it is vulgarly termed, his offense is doubly serious and should, if possible, receive double punishment. Cases of this kind are not frequent, but the class of cases which I have termed acute alcoholic insanity are very numerous and must have come under the observation of every medical man in general practice. It must be understood that I do not include cases of delirium tremens in this classification, for men suffering from this trouble do not, as a rule, commit crime. Of course they are insane, but this insanity, whilst of an acute character, lasts for many days. The symptoms, in the case I first described, in which crime is committed in a condition of apparent unconsciousness, do not last more than a day or two at the furthest. As a State expert in the criminal courts during the past thirty years I have had several criminals acquitted on the ground that the offence was committed whilst suffering from insanity due to the use of narcotics. Two notable cases come to my mind at this moment. In the first, a lady, the wife of a physician and daughter of a gentleman with whom I had served in the Legislature more than forty years ago, was indicted for stealing books from a physician's offices. These thefts were committed for the purpose of procuring opium which she had taken immoderately for years. She was acquitted on the ground of insanity and was placed in Mount Hope Asylum, where she remained more than a year and when released was apparently cured. The second was that of a young man indicted for stealing jewelry. When I visited him at the City Jail he was violently insane. He refused to take food and was unable to sleep for four or five days and nights. His condition was such as we observe in delirium tremens.

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As he was not a drinker I was puzzled at first to account for the suddenness and violence of the attack, but, on consulting his family and investigating his history I found that he was a confirmed opium fiend and that he spent all the money he could procure in "hitting the pipe," as it is classically termed, and that his delirium was entirely due to the abrupt deprivation of the narcotic. Cocaine is the only drug the effects of which are more dangerous and more slavish than the inhalation of the fumes of opium. The young man was acquitted by the jury after hearing my statement. It would be well if this subject were more thoroughly studied by medical men who have the care of criminals.

Dr. Henry M. Hurd said that his experience in connection with institutions for the insane led him to think that the figures which had been detailed respecting the number of cases in British asylums, where mental disease was due to alcoholic indulgence, were correct. It may be remembered that the opinion of alienists upon this subject has been very divergent. Some years since the Secretary of the Brewers' Association sent letters of inquiry to all institutions for the insane in the United States to ascertain what proportion of insane patients, in the judgment of the medical officers of these institutions, owed their insanity to alcoholism. The replies which were received differed widely and ranged from 5 per cent. in the lowest to 90 per cent. in the highest. The speaker had occasion to examine carefully the statistics of the Michigan institutions and found the percentage of insanity unmistakably due to alcoholic indulgence was between 10 and 15 per cent.

Drs. Preston, H. M. Thomas and Osler also spoke.

There being no further business before the Society, they were invited by Drs. Rohé, R. F. Gundry and S. J. Fort to enjoy an additional discussion of the palatability of roasted oysters with trimmings as prepared by the celebrated *chef* of the Country Club, and every man did his duty.

The next meeting will be held at the Sheppard Asylum, by invitation of Dr. Brush. Subject for discussion, "Disturbances of Speech."

SAMUEL J. FORT, M. D.,
Secretary.

MEDICAL PROGRESS.

RELIEVING A CROWDED PROFESSION. — At this season of the year, says the *Medical World*, when the annual new recruits to the army of physicians are going forth to take their places in the already well-filled ranks, it may be appropriate to consider how we may practically deal with the problem of overcrowding. The struggle for existence is becoming closer and closer, when, with vast untouched natural resources, and with new inventions daily multiplying our power of creating wealth, we should be able to live even more easily every year. As a proof of the fact that it is our artificial conditions and not nature's limitation that makes the struggle severe, it has been demonstrated that any one of our six largest States is capable of sustaining in comfort and plenty the entire present population of the United States.

While it is true that we do not need *more* doctors, yet we always need *better* ones. Hence, those who keep themselves so constantly prepared by daily study, careful observation and occasional post-graduate courses, that the recent graduates cannot be better informed than they are in the latest advances of the science, will be able to hold and extend their practice.

Yet, on account of improvements in sanitary regulations and preventive medicine, and the rapidly extending popular knowledge of personal hygiene, the need of medical services is becoming less and less all the time. Hence, as the total amount of practice is thus diminishing and the number of physicians is increasing, there must be some who will find it difficult to obtain a living by the practice. To meet that difficulty we offer the following suggestions:

Insist that all public positions involving medical and sanitary service—coro-

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ners, superintendents of public institutions where medical knowledge is desirable, members of boards of health, sanitary inspectors and commissions — be filled by practical physicians. This gains for the public better service and relieves professional competition.

When a physician of education, character and ability presents himself for public legislative or executive office, the entire profession of the community, imitating the custom of our brethren of the legal profession, should cast aside all personal jealousy and unite in aiding to elect him. This, again, eases professional competition and secures a valuable public servant at the same time. Our law-making bodies are composed almost entirely of lawyers and bankers. Doctors come in touch on all sides with the people, of all grades and classes, and hence know their ideas and their needs. They naturally love justice and equity, and their scientific training well fits them for faithful public service. We need a great many of them in the various departments of legislative and executive service.

In many localities physicians may profitably engage in cultivating medicinal plants. This is at once a congenial, healthful scientific calling. Many of our native American medicinal plants are almost in danger of becoming extinct; while many that are obtained from foreign lands at great expense could be successfully cultivated here.

In many localities it would prove highly profitable to one who has an inclination for it to make especial study and become a thorough chemist, microscopist or bacteriologist, both for industrial purposes and for diagnosis in consultations. Every county could support such a specialist. In fact, a well-educated physician is prepared to engage with promise in one of the many scientific pursuits, should he not find the practice of medicine satisfactory, or even as a profitable recreation.

Lastly, we should all use our influence to dissuade as many as possible of the young men who seem inclined to plunge without due consideration into an ex-
an unprofitable medical course.

TREATMENT OF OVARIAN AND TUBAL DISEASES.— Dr. A. Lapthorn Smith, in an article on the treatment of diseases of the Fallopian tubes and ovaries in the *Canadian Medical Review*, speaks of the frequency of these troubles as shown by Dr. John Whitridge Williams of Baltimore. He gives his experience, relates cases and draws the following conclusions:

1. We are never justified in removing tubes and ovaries simply for ovarian pain or neuralgia which can surely be cured by electricity and tonic treatment.

2. We are not justified in removing tubes and ovaries for active or passive congestion which can be easily cured by antiphlogistics and local depletion.

3. We are not justified in removing appendages for inflammation when it has not extended to the pelvic peritoneum.

4. We are not justified in removing even chronically inflamed tubes and ovaries until we have first given a thorough trial (six to twelve weeks) of the ordinary measures of local or general treatment.

5. We should not hesitate to remove chronically inflamed appendages when six to eight weeks' systematic treatment fails to relieve the patient so that she can enjoy life and fulfil her duty to her husband, and if not with pleasure at least without pain.

6. We should not hesitate to remove appendages so diseased as to set up recurrent attacks of inflammation of the pelvic peritoneum by leakage or continuity of infection.

7. We should not hesitate to remove a tube or ovary large enough to fill Douglas' cul-de-sac, no matter what the nature of the enlargement, a simple cyst, a tubal pregnancy or pus tube. As long as it remains it is a source of danger and sometimes of suffering, and when the inevitable time comes when its removal is imperative, the operation will be the more difficult and dangerous the longer it is delayed.

8. The removal of both tubes and both ovaries should not be done when only one tube and one ovary is diseased. It is worth while leaving even the half

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of an ovary for the purpose of preventing the onset of the menopause before the usual time.

* * *

OBESITY.— To judge from daily papers the problem of "How to be happy though fat," says the *Lancet*, is one which still exercises the lay mind largely, and from the same sources of information the demand appears to have created the supply, and numbers avow their readiness to give "good advice" for a consideration. Sometimes even the advice, at first sight, is more disinterested, and a charitable individual, whose name is not to be found in the Medical Directory, offers to part with the secret of his own health and happiness to anyone who will send a stamped addressed envelope, but the secret generally consists of remedies unknown to fame, even of extra-pharmacopeias and lists of recent drugs, and obtainable only, at a price, from a special source. After all, the problem is not new ; it is merely a revival. Some of the methods of reducing obesity, however, have a certain air of novelty which seems to captivate those to whom the Banting system does not appeal. None the less, however, have the warnings so frequently given in the Banting age to be repeated in these days of hot water and nitrogenous diet. There is no doubt that weight can be rapidly reduced by such measures, independently of exercise ; there is equally no doubt that the rapid reduction of weight and the sudden alteration of habits for most people constitute a source of danger. Most medical men can mention instances amongst their patients of unexpected illnesses which have supervened during a course of treatment for the reduction of obesity, and in recent obituary notices references have, rightly or wrongly, been made to supposed injuries to the constitution attributable to the same cause. Doubtless, in most cases, some disease has contributed its share ; but the danger of hastening latent disease, or even of reducing vitality, so that the inroads of disease are no longer successfully resisted, is one which must always be borne in mind by those who are anxious to make themselves other than they are. Obesity is often the result of errors of diet and hygienic rules, but it is not uncommonly the sequence of some constitutional condition which renders exercise a matter of difficulty or impossibility, and in such cases it is hopelessly unscientific suddenly and violently to reduce the weight.

* * *

THE ETIOLOGY OF THE TIGHT WAIST. —The hand of science falls with a dull, uncarnal thud upon the constricted waist of woman. It tells, says the *Medical Record*, why she constricts, and that the purpose from the beginning was an unholy one. The women of decadent Greece first began it in order to emphasize the proportions of their hips and exaggerate the delusive prominence of the bosom. The simple physiological act of respiration was perverted by the tightened girdle until the act became one of sub-clavicular enticement. In fine, squeezing the waist brought into lustful prominence the capacity of women for easy reproduction and subsequent plentiful lactation. Hipprocates denounced it in the women of Cos, Galen reproved the practice, Martial jeered at it, but still the waist was tightened and the double ovoid continued to glide before the ardent gaze of man.

The fact is, then, that women have tightened their girdles, not because they wanted to do it, but because men approved of them and desired them the more for it. Why should women, then, be blamed? The practice is admitted unsound by all authorities, from Hippocrates to Dio Lewis, but men have insisted on it. Let the sanitarian and artist direct their attention, then, to man, the brute, not to woman, his victim. When this carnal but necessary factor in society and dress reform is cured of his evil ways, women will dress as they ought, but not before.

* * *

MULTIPLE SPLEENS. — Albrecht reported to the Vienna Medical Society a man with chronic nephritis who had five hundred spleens of assorted sizes. The large ones were supplied with blood vessels. This sounds doubtful.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, JUNE 22, 1895.

Echoes.

More than a month ago the American Medical Association closed its forty-sixth annual meeting, which was held at Baltimore. There are few medical journals in this country which have not in some way given space to this meeting and in the case of many editorial correspondence has reflected the impressions of physicians from all parts of the country. While there is a great tendency to make the last meeting the best of all, the general opinion seems to hold that at this one more real scientific work was done than at any other for many years. Most of the opinions were favorable to the reception given the visiting members, delegates and their families and they very courteously acknowledge this in journals from almost every State in the Union.

Some visitors complained of the poor accommodations and prohibitive prices of the hotels and in some cases there may have been cause for complaint, for there is a great temptation on the part of hotel keepers to "stick" a guest on an occasion of this kind. On the whole, however, the visitors were comfortably taken care of at no great expense and they did full justice to the accommodations and food provided for them. The election of officers seemed to have pleased those most interested and it is certain that the orators for the next meeting have been well chosen. The *Journal of the American Medical Association* makes the following kind remarks about Baltimore, which must fill the heart of the City Commissioner of Baltimore with joy:

"The social features of the meeting were quite sufficient to occupy all the time at the disposal of the members and the ladies, by whom many were accompanied. Baltimore looked its best. The boulevards are fresher at this season than at any other; the grass and the leaves a more vivid green; the flowering shrubs, the wisteria clusters with their delicate heliotrope coloring, everywhere met the eye, and the fragrance of lilacs pervaded the air. Nowhere in America, except in Washington, does one see cleaner streets than in Baltimore, and if certain sanitarians do occasionly take a fling at the policy which prevents the construction of sewers, it must be admitted that the month of May in Baltimore is a very charming month indeed."

The correspondent to the *Medical Sentinel* of Portland, Oregon, said: "Baltimore, a city of half a million inhabitants, has become one of the chief centers of medical education in the United States, there being about a thousand medical students in attendance at her seven colleges. That which interests the profession at large most is the work of the post-graduate department of the Johns Hopkins Hospital. It is probably true that nine-tenths of the members in attendance at the meeting of the Association came to Baltimore with a desire to see something of the practical work they had read so much about. Thanks to the courtesy of the hospital faculty, hundreds of visiting physicians were interested and instructed, and that without any disappointment of their expectations. The foundation work of Dr. Welch in the pathological laboratory is less seen and heard of than that of the department of practice. It must be admitted, however, that his quiet, painstaking labor has, in a great measure, enabled Halsted, Kelly and Osler to establish, confirm and elaborate many of their most important theories of practice. Active workers like these

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men are always progressing and there are some very practical devices and procedures in use here which have not yet been published."

While it is hardly in place for a home journal to say words of praise to the committee of arrangements in this city, still it is a well known fact that they did their work well, took interest in the whole proceedings and gave a most sumptuous reception and collation at Music Hall, providing with a lavish hand for everyone and yet not spending in a wasteful manner the money so willingly contributed. The views of all persons who visited and took part in this meeting should be considered and respected, and therefore the opinions of the drug houses and pharmacists as to the use of a pharmaceutical exhibit and its advantages, which have been published each week in this JOURNAL since the meeting adjourned, are well worth reading as these opinions are all given independently and are based on actual good done through reputation and money made.

Aside from any other benefit this meeting has certainly made Baltimore and its educational advantages and facilities better known and with its seven medical colleges in Baltimore and four in Washington, this part of Maryland has a right to be called a medical center which the *New York Medical Journal* in a recent editorial failed to note. The good coming from these large meetings may not be evident at first, but it certainly helps the visitors, the hosts and the whole city and community, and such meetings with interchange of opinion, thought and courtesy should always be encouraged.

* * *

Death of Dupuytren.

THE historical pictures of some of the older surgeons would make us believe they were hard and rough, but, as is so often the case even at the present day, a calm exterior and a severe manner keep in that show of sympathy which would wear out any man who saw many distressing cases in one day. The end of the great Dupuytren is told here by a writer in the *British Medical Journal* and is worth repeating.

The following details as to the death of the great French surgeon Dupuytren may be interesting. Though not new they have recently been again brought before the world by certain documents in the possession of M. Nadar, the photographer, which have been published.

At the height of his fame Dupuytren used to see a crowd of private patients every morning, and treated them, sad to say, rather roughly in every respect. One day, when worn out and irritable through overwork, he was struck by the remarkable appearance and demeanour of the last patient for the morning. This patient was an old priest, pleasing in features and very gentle in manner. His malady, he said, was abscess, and he wanted it cured. Dupuytren found that there was suppuration of the submaxillary gland, but behind it was a carotid aneurism. He at once said, "Well, Monsieur l'Abbé, you will die of that." The priest behaved in a stoical manner, and said good-bye. Dupuytren then proposed an operation, which he said would probably prove useless, and would be long and painful. The priest begged the surgeon to operate, as that would please his parishioners. There was great hemorrhage, and part of the lower jaw had to be sawn through. The priest did not so much as wince. Ever afterwards Dupuytren was gentler to his patients.

The priest recovered after very kind attentions from his surgeon, on whom he called two years running, bringing gifts of poultry and fruit. At the end of that time Dupuytren was mortally ill. His character grew more and more reserved and gloomy as the fatal hour approached.

Early in February, 1835, he ordered his adopted son to write to the priest saying, "This time it is the doctor that wants you. Come quickly; perhaps you will be too late." The priest came at once from his parish near Nemours, and spent several hours in private with Dupuytren, who deeply admired this simple man, who knew so well how to bear pain and how to face death. Whether the discussion was theological or philosophical has never been revealed. Next day Dupuytren sent for the Archbishop of Paris, but the great surgeon was dead before that dignitary arrived at his bedside.

The history of medicine is too rarely dwelt on by physicians and journals, and anecdotes which show forth the traits and private life of great men are of interest and worthy of record. In the hurry of practice too little attention is paid to the fathers of medicine.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 15, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		9
Phthisis Pulmonalis		19
Measles	78	
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria.	3	1
Mumps		
Scarlet fever	12	
Varioloid		
Varicella		
Typhoid fever		

The Index Medicus has passed out of existence.

The Illinois Legislature has passed the bill for the prevention of blindness.

About 350 new members joined the American Medical Association at Baltimore.

The Mississippi Valley Medical Association will hold its twenty-first annual meeting in Detroit, September 3, 4, 5 and 6, 1895.

Dr. W. F. McNutt of San Francisco succeeds Dr. Winslow Anderson as editor of the *Pacific Medical Journal*. That journal has lost a good editor.

The sixty-third annual meeting of the British Medical Association will be held in London, on Tuesday, Wednesday, Thursday and Friday, July 30, 31 and August 1 and 2.

Dr. Richard Emory of Taylor, Harford County, died suddenly at the Sheppard Asylum last week. He was graduated from the University of Maryland in 1861, and leaves a son who is also a physician.

Congress has granted permission to the American Surgical Association and the Alumni Association of Jefferson Medical College to erect a statue in Washington in memory of the late Dr. Samuel D. Gross.

Dr. Henry Palmer of Janesville, Wisconsin, died last Saturday at his home, at an advanced age. He was professor of surgery in the College of Physicians and Surgeons at Chicago, and had served as surgeon in the Crimean war.

The bill to render the employment of the Keeley treatment compulsory at the Massachusetts Hospital for dipsomaniacs and inebriates has been again defeated in the Massachusetts House of Representatives. A similar case is on trial in Baltimore.

Dr. Theobald Smith, formerly chief of the Division of Animal Pathology in the United States Bureau of Agriculture, at Washington, has been appointed Bacteriologist of the Massachusetts State Board of Health, and Professor of Applied Zoölogy in the Bussey Institute of Harvard University.

The semi-annual meeting of the Baltimore and Ohio Association of Railway Surgeons was held at Cumberland, June 19 and 20, at the Y. M. C. A. Building. Papers were read by Dr. W. F. Robeson, Pittsburg, Pa.; Dr. J. L. Geyer, Norwich, Ct.; Dr. T. C. Kimmont, Hicksville, O.; Dr. J. A. Moody, Junction City, O.; Dr. Z. E. Dawson, Wilsonburg, W. Va. The Committee of Arrangements was: Dr. J. M. Spear, Dr. W. W. Wiley, Dr. John Doerner, Dr. A. H. Meyers. On Friday an excursion was made to Washington.

The following officers at the meeting of the Association of American Physicians were elected for the ensuing year: President, Dr. A. Jacobi; Vice-President, Dr. J. M. Da Costa; Secretary, Dr. Henry Hun; Treasurer, Dr. W. W. Johnston; Recorder, Dr. I. M. Hays; Council, Dr. George B. Shattuck; Representative on Executive Committee, Dr William Osler; Alternate, Dr. M. A. Starr. The following new members were elected: Dr. Henri A. Lafleur of Montreal; Dr. Ira T. Van Gieson of New York; Dr. Simon Flexner of Baltimore; Dr. W. E. Fischel of St. Louis; Dr. Frank Billings of Chicago.

Dr. Caleb Winslow died last week at his home on McCulloh Street in his seventy-first year. Dr. Winslow was born in North Carolina and was a member of the medical society of that State. He had retired from active practice several years ago and lived quietly at home. Dr. Winslow was the pioneer in many successful surgical operations in this city. He was a prominent Friend. He leaves two sons, both physicians, Dr. Randolph Winslow, Professor of Anatomy, University of Maryland, and Dr. John R. Winslow, who is connected both with the Woman's Medical College and the University of Maryland.

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WASHINGTON NOTES.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday evening. Dr. W. C. Woodward, the efficient Health Officer of the District, read an essay entitled "The Status of the Expert Witness." This paper was discussed by Drs. W. W. Johnston and H. L. E. Johnson. Dr. H. L. E. Johnson read a paper, which went most extensively into the literature of the subject, entitled "Atresia of the Cervical Canal after the Menopause." He also reported several cases treated and presented pathological specimens of atresia of the uterus, one especially interesting, removed from a woman 58 years old, by abdominal hysterectomy, a multilocular cyst. The uterus and several cysts and a great quantity of debris, which was thought to be sarcomatous, were removed. This was the last meeting of the Society until next fall.

Dr. Furlong, a recent graduate of the Georgetown University, was the successful candidate in the competitive examination for the position of interne at the Emergency Hospital. Dr. Furlong will commence his service on the 1st of July.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending June 17, 1895.

Leave of absence for three months, to take effect when he shall be relieved from his present duties on or about June 30, 1895, is granted Captain Charles Richard, Assistant Surgeon.

Leave of absence for two months, to take effect the latter part of August, 1895, is granted Captain Marlborough C. Wyeth, Assistant Surgeon.

Captain Henry O. Perley, Assistant Surgeon, upon the completion of his examination for promotion, will proceed to Hot Springs, Arkansas, and take charge as Commanding Officer of the Army and Navy General Hospital, relieving Lieutenant Colonal Alfred A. Woodhull, Deputy Surgeon General.

Lieutenant Colonel Woodhull on being thus relieved will report in person to the Commanding General Department of the Colorado, for duty as Medical Director of that Department, relieving Lieutenant Colonel David L. Huntington, Deputy Surgeon General. Lieutenant Colonel Huntington on being thus relieved will report in person to the Surgeon General for duty in charge of the Museum and Library Division of the Surgeon General's Office, relieving Lieutenant Colonel John S. Billings, Deputy Surgeon General.

Captain James E. Pilcher, Assistant Surgeon, will be relieved from duty at Fort Niagara, N. Y., upon the expiration of his present sick leave and will report in person to the Commanding Officer, Columbus Barracks, Ohio, for duty at that station.

Captain Louis Brechemin, Assistant Surgeon, will be relieved from duty at Columbus Barracks, Ohio, upon the return from leave of absence of Major William E. Waters, Surgeon, and will proceed to and take station at Baltimore, Maryland, as Attending Surgeon.

Captain Joseph T. Clarke, Assistant Surgeon, is relieved from duty at Fort Omaha, Nebraska, and ordered to Fort Washakie, Wyoming, for duty, relieving Captain Henry I. Raymond, Assistant Surgeon.

Captain Raymond, on being thus relieved, is ordered to Fort Niagara, N. Y., for duty at that post.

Captain Philip G. Wales, Assistant Surgeon, now on temporary duty at Fort Niagara, N. Y., upon the arrival of Captain Raymond at that post return to his proper station.

Captain William J. Wakeman, Assistant Surgeon, will be relieved from duty at Fort Thomas, Kentucky, upon the arrival there of Captain Robert J. Gibson, Assistant Surgeon, and will upon the expiration of the leave of absence granted him report for duty at Fort Huachuca, Arizona.

Promotions: To be Assistant Surgeons with the rank of Captain after five years service, June 6, 1895: First Lieutenant Frank R. Keefer, Assistant Surgeon; First Lieutenant Thomas U. Raymond, Assistant Surgeon; First Lieutenant Henry D. Snyder, Assistant Surgeon; First Lieutenant Allen M. Smith, Assistant Surgeon; First Lieutenant Ashton B. Heyl, Assistant Surgeon; First Lieutenant Joseph T. Clarke, Assistant Surgeon.

BOOK REVIEWS.

A POPULAR TREATISE ON THE HAIR; Its Growth, Care, Diseases and their Treatment. Designed for the Use of the General Public. By C. Henri Leonard, M. A., M. D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynecology in the Detroit College of Medicine, etc. 116 Illustrations. Detroit: The Illustrated Medical Journal Company, Publishers. Price $1.00. Pp. 316.

While medical books intended for the people at large are not usually to be recommended, it must be confessed that this excellent little work is an exception. Every one takes a great interest in the skin and hair and there is too much ignorance on the care and treat-

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ment of the hair. This little work clearly sets forth the normal condition of the hair and the diseases and their treatment. In some pages prescriptions are given and in others general verbal directions are put down. If a person can make the diagnosis the treatment is simple. The illustrations are abundant and from a historical standpoint interesting and instructive. The fact that the book has reached its seventh thousand attests its popularity and usefulness.

REPRINTS, ETC., RECEIVED.

The Pre-Tubercular and Pre-Bacillary Stages of Consumption. By Charles Manly, A. M., M..D., Colorado.

Inebriety and Imbecility; A Medico-Legal Study. By T. D. Crothers, M. D., Hartford, Connecticut, 1895.

The Surgical Treatment of Spina Bifida. By Henry O. Marcy, M. D., Boston. Reprint from the *Annals of Surgery*.

The Indications for Operation in Appendicitis. By J. W. Long, M. D., Richmond, Virginia. Reprint from the *St. Louis Medical Review*.

The Value of Gude's Pepto-Mangan in the Treatment of Anemia. By Hugo Summa, A. M., M. D., St. Louis. Reprint from the *New York Medical Journal*.

The Surgical Treatment of Inguinal Hernia. By H. O. Marcy, A. M., M. D., LL.D. Reprint from the *Transactions of the New York State Medical Association*.

The Etiology, Pathology and Treatment of Intestinal Fistula and Artificial Anus. By N. Senn, M. D., Ph. D., LL. D. Reprint from the *American Journal of Obstetrics*.

The Value of Plastic Work in Operations Involving the Peritoneum. By J. W. Long, M. D., Richmond, Virginia. Reprint from the *American Gynecological and Obstetrical Journal*.

Report of a Case of Pathological Separation of the Lower Epiphysis of the Femur. By A. H. Meisenbach, M. D., St. Louis. Reprint from the *Annals of Surgery*.

Infection and Immunity, with Special Reference to the New Diphtheria Antitoxine. By Charles Russell Bardeen, B. A., Assistant in Histology, Johns Hopkins University. Reprint from *The School Bulletin*. Syracuse, New York. C. W. Bardeen, 1895.

CURRENT EDITORIAL COMMENT.

NEW TREATMENT.

Northwestern Lancet.

THE most interesting addition to medical treatment during the year was the use of antitoxine in diphtheria. This agent has been tried in every part of the world where diphtheria occurs and the extent of its use has been limited only by the capacity of the laboratories that turn out the product.

QUACKERY ABROAD.

The Medical Age.

IT has been the custom to regard the United States as the great dumping ground for quacks. It is not to be denied there is an immense amount of inferior medical talent in this country, and it is somewhat notorious a large portion of such in the States bordering upon Canada is derived from the latter.

INTERNATIONAL LANGUAGE.

The Canada Medical Record.

WE have always maintained that, as the English language is already spoken by the vast majority of the inhabitants of the earth, it would entail the expenditure of the smallest amount of eneregy if those who do not speak it should make a point of becoming familiar with the English language. The present method of having a great number of different languages to express their views in consumes an enormous amount of energy among those who are writers of medical literature.

THE DOG.

Physician and Surgeon.

THE State reports of Ohio give statistics showing the death of 30,000 sheep, and the injury of 23,000 through the bite of the dog. There is little doubt that he is a potent cause of disease and destruction. The devising of some means whereby the breed of these animals shall be improved is a desirable end to achieve. The dog-tax, although a considerable source of revenue, amounting in a city like Chicago to $75,000 annually, is not faithfully enough collected to render the multiplication of "curs of low degree" a thing to be avoided. The fact that the dog population almost equals the human population makes any effort to accomplish protective inoculation almost impossible.

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NOTES.

CIDER vinegar is an antidote for carbolic acid.

*

THE best remedy for bed-wetting in children is the normal liquid ergot.

*

ATROPINE in a small hypodermic dose is superior to all other remedies as a hemostatic.

*

RUBBING the ears vigorously in cases of hay fever will relieve the congestion of the nasal mucous membrane.

*

ICE applied to the external genitals (the scrotum in men and the labia majora in women) controls epistaxis and hemoptysis.

*

THE pain of boils may be relieved and their duration very much shortened by the application of double strength tincture of iodine.

*

IN puerperal convulsions, when the spasms are apparently under control, look out for a return of the spasms if the pupil remains contracted.

*

To prevent black eye, paint over the injured surface two or three times with a mixture of tincture of capsicum annuum and an equal bulk of mucilage and a few drops of glycerine. The coats should be repeated as soon as dry.

*

IN this age of coal tar products and their universal use in acute coryza, we should not forget that gelseminum is a potent drug to relieve the unpleasant symptoms of a cold in the head. Drop doses of fluid extract every hour, if taken early, will sometimes yield astonishing results.

PHARMACEUTICAL.

CACTINA Pillets have become very popular with the medical profession and we see many favorable clinical reports.

CONVULSIONS may frequently be cut short like magic, by teaspoonful doses of Celerina repeated at short intervals. The nausea as an after-effect of chloroform or ether narcosis may generally be controlled in the same manner.

I HAVE used Iodia, and am satisfied that it is a very powerful alterative, and a great improvement on the old combination of iodide of potassium and sarsaparilla, the latter drug itself being most doubtful in its effects, while the preparation is valuable also as a diuretic, a thing of no small consideration in most of the diseases in which it is indicated.—Walter W. S. Corry, M. D., L. R. C. S., I. & C., Rosedale Abbey, Pickering, Yorkshire, England.

IT affords me much pleasure to state that I have given Stearn's Wine of Cod Liver Oil and Peptonate of Iron a number of severe tests, and in all it has proved itself a tissue builder of great power. I could cite many cases, yet when this excellent tissue builder is used in cases of debility from whatever cause, new tissue is rapidly made and health is restored in a surprisingly short time. I should be sorry if I had to get along without it. Report from Geo. Duffield, M. D., Detroit, Mich.

ADVANTAGES of the Elixir Six Bromides over the Bromide of Potassium: Bromide of Potassium when given alone has a tendency to produce anemia, digestive disturbances, skin eruptions, marked increase of solid constituents in the urine, and a depressing effect upon the heart. Bromide of Soda has none of these effects. The soda prevents gastric ailment, increases the action of the kidneys without affecting the solids, and has no depressing cardiac influence. The ammonia also counteracts the depression caused by the potassium. The iron the Elixir contains is a safeguard against anemia. The cannabis indica aids the soda in preventing the cumulation of the bromides in the system, hence in epilepsy and similar disorders where a bro-

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mide has to be long continued, the Elixir Six Bromides is specially valuable. Always use the precaution to give a laxative at least every two weeks when a bromide preparation is to be continuously administered, especially if there is a tendency to constipation.—*The New York Medical Journal*, Vol. LX, No. 22.

WHILE opinions vary as to the utility of pepsin in the treatment of indigestion, we believe that under proper conditions the results following the administration of it warrant its use. As in every other medicament so in pepsin purity is a great desideratum. Modern pepsin producers have exerted themselves to the utmost to improve their processes and appliances and as a result we are offered beautiful scales which are freely soluble, free from unpleasant odor and taste, non-hygroscopic and very active as a solvent of albumen. The great favor which is enjoyed by some of the best essences, cordials and elixirs of pepsin either alone or in combination with pancreatin, lactic acid, etc., would seem to prove (notwithstanding the scientific reasoning to the contrary) that these are advantageously employed to meet certain symptoms and conditions of disturbed digestion. One of the most palatable and efficacious compounds at present on the market is Pan-Peptic Elixir. No doubt many of our readers saw it at the A. M. A. Meeting in Baltimore where it was exhibited by Sharp & Dohme. Samples of it were freely offered to the members of the Association.

THE growth of the Barnes Medical College has been phenomenal beyond all the dreams of its promoters. It now stands eleventh in number of its students in the United States. Those who have a larger number are institutions of many years' standing. The Barnes graduatifig class numbered 64, all bright men. The general average of the class in their examinations was over 80 per cent. The college challenges emulation in this regard. The institution is about to erect a new building. They have outgrown their present quarters and must increase their accommodations. The cut which appears in this number of our JOURNAL represents the exterior. It speaks for itself. The building will be about a hundred feet square, and situated on the corner of Thirtieth and Chestnut streets, in the west end of the city, a beautiful location, with the most pleasant of associations. As for the interior, the board of trustees and faculty will spare neither skill, pains or money to make it all that it should be, the best in the country. The faculty are competent and obliging. The students, therefore, are diligent and of high standing. The prices charged, while not small enough to lower the dignity of the character which the degree of M. D. has ever conferred, are not so high as to shut out those young men whose only financial means depend on their personal exertions.

TANNIGEN.—In the treatment of acute and chronic catarhal inflammations of the intestinal mucous membrane, the employment of astringent remedies plays an important part. It frequently happens, however, that their use must be abandoned because of the gastric irritation to which they give rise, impairing the appetite and digestion and thus contributing to the already reduced nutrition of the patient. Tannigen, the new astringent, is free from these disadvantages, for, as it is not decomposed in the stomach, it is entirely devoid of irritating effects upon the gastric mucous membrane, and for the same reason exerts its full astringent action in the intestinal canal. Dr. C. Kunkler (*Medical Week*, March 15, 1895) has experimented with Tannigen in treating in the wards of Dr. F. Schultze, Professor of Clinical Medicine at the Medical Faculty of Bonn, certain patients who suffered from acute and chronic gastro-enteritis, especially children. The remedy was administered to children under one year in doses from 10 to 20 centigrammes, three or four times daily, and to older children and adults in doses of from 15 to 50 centigrammes repeated several times in the twenty-four hours. In almost all of the cases the results of the treatment were excellent; the diarrhea and other gastro-intestinal disturbances rapidly ceased, even in cases which had resisted administration of calomel, naphthalene and bismuth. Dr. Kunkler is of the opinion that it would be well to try Tannigen in typhoid fever, in which it is likely that it would have a beneficial effect on the intestinal ulceration, and also in the treatment of albuminuria. At the onset of enteritis, Tannigen should be associated with a powerful antiseptic such as calomel or naphthalene.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 11. BALTIMORE, JUNE 29, 1895. WHOLE NO. 744

ORIGINAL ARTICLES.

A PLEA FOR EFFICIENT LEGISLATION REGULATING MEDICAL PRACTICE.

READ BEFORE THE AMERICAN ACADEMY OF MEDICINE, AT BALTIMORE, MAY 6, 1895.

By Perry H. Millard, M. D.,
St. Paul.

DURING the last decade no question in medical sociology has attracted greater attention than medical education. The requirements of our colleges not being upon a par with those of other countries, nor with other departments of education in this country, it was but natural that the profession as a whole, the medical press, and organized bodies of medical men, should join in a demand for needed reforms. During the formative period of our history it is but natural that abuses should have arisen in methods of education and obtain a firm rooting. A spirit of criticism exists that will not subside pending the definite determination of a question of such vital interest to the profession of the country.

As a nation during the first century of our history, we have established a system of common school education that challenges the admiration of the civilized world. It is a subject of regret, however, that in certain advanced lines of education our methods have proven most defective. This is true of medical education; a system having secured foothold with us, that is indeed anomalous.

Having no support other than the fees of students; without university or college connection; without support from the State, generally accorded other systems of education; without restraining legislative enactments; without laws regulating the granting of charters for purposes of medical instruction; it is indeed little wonder that at the end of the first century of our history as a nation chaos should reign supreme.

The agitation of the question of medical education is bearing fruit, however, in that a majority of the schools situated in the northern States demand at the present time evidence of preliminary fitness before matriculation, and that in a period of five years all colleges known to the writer have extended the period of time of study; with a change of the minimum length of term from five to six months. After the present year every medical school of recognized standing will require attendance upon four courses of lectures in different years, of six months' duration each course, before conferring the degree of M. D. The reforms thus far accomplished have only been secured in the face of determined opposition at the hands of the representatives of the low grade institutions. Future opposition will result in disaster to the participants. Professional sentiment is decidedly with those schools now operating under the advanced curricula. This is particularly manifested by the increased number of matriculates in the

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last three years at schools operating under the four years' course. The fiscal matriculation at the University of Pennsylvania and Columbia is, approximately, eight hundred, Harvard, five hundred, and others in proportion ; while that of the recognized low grade institutions have sensibly fallen off.

Notwithstanding the trend of public opinion, we are firmly of the conviction that our only safety consists in the establishment of efficient legislative acts in substantially every State. The high grade schools are undergoing a period of evolution and are determined to inaugurate greater system in methods of work; with low grade schools little evidence is at our command pointing to improvement.

The elevation of the standard of requirements in the latter class of schools have seemingly been entirely in response to the requirements of the respective State boards of medical examiners.

The indifference of the profession to methods of medical education has been far-reaching in its pernicious influences. Blinded by our own shortcomings we did not awaken to a realization of our environment until our interests were greatly jeopardized. We found ourselves drifting, in the estimation of both the public and profession, towards a condition of professional inefficiency, not unlike that of French medicine in the seventeenth century, so graphically described by Molière. One of the greatest evils of our system was the flooding of our ranks with a horde of poorly educated practitioners far in excess of our legitimate demands. The latter assertion is convincingly illustrated by the statistics gleaned from the recent excellent paper of Professor Pepper on Medical Education, affording comparative statistics relating to the proportion of practitioners to the population in different countries of the globe.

TABLE INDICATING PROPORTION OF PHYSICIANS TO THE POPULATION.

Austro-Hungarian Empire	1 to 3857
Belgium	1 to 2841
France	1 to 2666
German Empire	1 to 3038
Italy	1 to 3536
Netherlands	1 to 2484
Norway	1 to 3961
Russia	1 to 8551
Spain	1 to 3375
United States	1 to 500

The number of medical colleges indicates a similar disproportion.

NUMBER OF MEDICAL COLLEGES TO THE POPULATION.

Austro-Hungarian Empire	1 to 5,153,917
Belgium	1 to 1,534,111
Brazil	1 to 7,001,167
Canada	1 to 3,336,877
Chili	1 to 2,887,552
France	1 to 5,477,591
German Empire	1 to 2,471,923
Great Britain	1 to 2,358,767
Italy	1 to 1,445,109
Netherlands	1 to 660,249
Norway	1 to 1,988,771
Sweden	1 to 1,600,917
Russia	1 to 14,403,317
Spain	1 to 1,950,027
United States	1 to 440,151

It will be observed from the above that the proportion of practitioners and the number of schools are greatly in excess of other countries. Medical colleges in foreign countries are likewise independent financially, being, as a rule, directly supported by the State or possessing a direct university connection.

An investigation of this subject reveals beyond the possibility of successful controversion that the most efficient profession is found in those countries protected by efficient legislation ; while a correspondingly low standard of professional fitness exists in countries not similarly protected.

At one time considerable opposition existed to the regulation of medical practice by legislative enactments. With the defeat of attempts to destroy the effects of this form of legislation by litigation and the moral support afforded by the recent decision of the Supreme Court of the United States and Supreme Courts of the several States, as well as the apparent benefits from the successful operations of the law in a large number of States, it is pleasing to note a decided change of sentiment in favor of this form of legislation.

The existing opposition to this form of legislation is greatly disappearing, being greatly confined at present to the

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charlatan, the faculties of a few of our low grade schools and the public press. We can trace the existence of statutes regulating medical practice from the thirteenth century; in the year 1237 licenses were only obtainable in Italy upon attendance at medical lectures for a period of five years, with preliminary entrance requirements demanding three years' work in philosophy.

The first degrees in medicine were evidently conferred in Italy in 1384. Laws regulating medical practice have existed in all civilized countries for many centuries. It is unfortunate that in this country the diploma has been given a legal interpretation; in foreign countries it is simply an evidence of scientific value. With the advent of statutes regulating medical practice, this custom upon the part of the courts is becoming abrogated. We can not but conclude that in the older countries we have a superior profession in point of intelligence, with a more desirable environment; while with us we have, as a whole, men somewhat inferior in their preliminary training, a number triple that of any other country and a professional environment most undesirable.

The essentials of efficient medical legislation will incorporate the following features:

1. The adoption of more rigid rules governing the admission of students to medical schools.

2. The determination of the applicant's fitness to practice by an examination upon all the branches of medicine.

3. The right to refuse or revoke licenses for unprofessional or dishonorable conduct.

4. An adequate penalty for violation of the provisions of this variety of legistion.

5. The boards of examiners to be appointed by the Governor, with proportionate representation by different schools of practice. In support of demands for an adequate entrance requirement, it is conceded that medicine is now more nearly practiced from a scientific basis than at any time in its history. Without adequate preliminary fitness the broad field cannot be grasped nor its practice entrusted to persons without well trained minds.

Persons contemplating medicine as an avocation should give the scientific branches particular attention in preparation. A thorough course in the scientific department of our better equipped colleges or universities will permit of the successful accomplishment of the course now provided in the four years' curricula in a period of three years. I fully concur in the position taken by Professor Vaughan, however, in that the classical course does not prepare the student in the manner that he can safely abridge the work now required in the four years' curricula. The necessity of a thorough college training is more apparent now than at any previous time. While an immediate attempt, looking to the demand as above suggested, would probably meet with defeat, I am of the opinion, however, that by concert of action we can secure the adoption at this time of an elevation of the standard of fitness requiring a college or university matriculation, or its equivalent, of all students wishing to commence the study of medicine. If the student cannot furnish a matriculation ticket from a recognized college or university, he or she should be required to undergo an examination that would admit to such course.

Under existing relations we cannot safely entrust this examination to the representatives of the teaching body. Except in a few of our high grade schools the entrance examination has been a farce as at present conducted. The factors leading to this condition are the same as outlined earlier in this paper. It is the result of college competition with an unnecessary multiplication, in recent years, of the number of teaching bodies. It is my judgment, based upon a somewhat varied and extended experience, that a majority of the schools in this country exist to serve the personal interests of the respective faculties rather than to serve the legitimate demands of the people. About twenty-five per cent. of our schools have a matriculation of less than sixty pupils.

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The determination of the fitness of the student to commence the study of medicine should be placed in the hands of a body of men entirely disinterested. I know of no body better qualified to superintend the execution of this important trust than a State board of medical examiners. If not such a body, then a committee composed of members of a faculty of a college or university.

The minimum of entrance requirements should be uniformed between the different states. Under the operations of the New York law regulating the examination of students commencing the study of medicine, much good is being accomplished. I desire to urge upon the profession the necessity of provisions in future acts looking to a rigid protection of the gateway to the study of medicine.

Having submitted satisfactory evidence of preliminary fitness, only such persons should be admitted to undergo the professional test as have received their courses of professional education at schools of medicine whose curricula of requirements are acceptable to the respective boards. A minimum of requirements, both as to time and teaching facilities, are as essential in measuring professional fitness as it is for similar purposes in universities, colleges and our public school system. A school should not be recognized unless it is working under a minimum that will assure the graduation of a class of persons that can safely be entrusted with the care of the sick. In arriving at a conclusion upon this most important function I desire to particularly impress upon the members of these boards the fact that medicine as at present understood and practiced is radically different from that of a few years ago. To comprehend requires years of study and a training in laboratory methods and surgical technique that can only be grasped when afforded by a person trained in methods of medical pedagogy. The clinical and laboratory facilities of many of our schools are shamefully inadequate. Several colleges known to the writer having operated for years with substantially no assets. It is the duty of each board to inquire fully into the facilities of each school represented by graduates who are applicants for degrees.

Having determined upon the fitness of the school to afford satisfactory courses of medical instruction, applicants holding degrees from such institutions should be admitted and a further test of fitness demanded by requiring an examination upon all the recognized branches of medicine. These examinations should be conducted by number, be scientific, and of sufficient severity to assure the public a thoroughly educated profession. Students from the respective schools of practice should undergo an examination upon the same questions, no necessity existing for questions not primary in character.

Licenses should not be refused or revoked for other than gross unprofessional or dishonorable conduct. In criminal cases it is not well to anticipate the processes of criminal law. The latter feature of our legislation has been instrumental in protecting the people from the professional charlatan in several States. Its provisions should be incorporated in all statutes regulating medical practice.

Owing to the difficulty in securing indictments and the consequent tardiness of legal processes the penalty for violations of the provisions of this form of legislation should be by penalties imposed by a justice or a municipal judge; the latter method has given satisfaction as far as I am aware. Reasonable efficiency upon the part of the officers of these boards have been awarded by a full compliance with the provisions of this form of statute in all instances. The Governor should have the appointing power, being responsible for the successful operations of the different State boards. Experience satisfies us that the so-called mixed boards are doing satisfactory work and operating in perfect harmony. Seemingly no excuse exists for the duplicate boards operating in a very few States. At present, approximately thirty States possess legislation regulating medical practice. Seventeen States have a form of statute that fails to recognize the diploma as evidence of

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fitness to practice; consequently they may be classed with those States operating under efficient acts. In the latter class of States I particularly desire to call your attention to the results of work thus far accomplished. In a paper read before this learned body, at Detroit, Michigan, in 1892, I suggested the future influences of these boards as most important in shaping the future medical education in this country. I submit data at this time confirmatory of the position then taken and reaffirm my former suggestion that future legislation will in a great measure determine and govern the work of the teaching bodies of the country.

I am deeply indebted to the officers of the various boards for courtesies extended and regret that space forbids reference to many suggestions and conclusions arrived at in the work of the different boards.

Data have been obtained from the following named States: Alabama, Minnesota, Maryland, North Dakota, North Carolina, New York, New Jersey, Virginia and Washinton.

The subjoined table indicates briefly the work of these boards:

State.	Examined.	Licensed.	Rejected.	Pr.ct
Alabama .	647	558	89	0.862
Maryland .	150	105	25	0.806
Minnesota .	641	499	142	0.778
New York .	967	797	170	0.824
New Jersey.	447	417	30	0.955
N. Carolina.	615	508	207	0.71
N. Dakota .	81	76	5	0·938
Virginia .	835	613	222	0.734
Washington.	207	167	40	0.806
Totals	4670	3740	930	0.822

It will be observed that of four thousand six hundred and seventy persons examined but eighty-two and two-tenths per cent. were successful in securing a license. The nine hundred and thirty unsuccessful applicants have, we doubt not, principally located in States not protected by this form of legislation.

I am pleased to direct your attention to the good work of the Minnesota board. The first act regulating medical practice in this State became operative in March, 1883. It was the form of legislation at present in force in Illinois. It was in operation five years, being supplanted by the present law. The present act requires an examination of all persons commencing the practice of medicine and as amended by the last legislature, the minimum of requirments is changed, demanding that all graduates of later date than 1898 furnish satisfactory evidence of having attended at least four courses of lectures in different years, of not less than six months' duration each.

We have in Minnesota a practical illustration of the position taken in my former paper: "that in medical legislation we have the only solution of the problem of higher medical education." Having drafted these bills and by force of circumstances been somewhat conspicuously aggressive in urging their enactment, I have, in consequence, witnessed their operations with some concern and interest. The result is all that the most sanguine could have anticipated. In a period of twelve years the proportion of physicians to the population in Minnesota has been reduced from one practitioner to every six hundred and fifty in 1883 to one to every one thousand in 1885. The State has been substantially rid of the traveling charlatan. The present able Sscretary, Dr. McDavitt, informs me that the medical census just completed is accurate and that the present operation of the law is quite faultless. We therefore conclude that in one State at least the number of physicians has been reduced to a number commensurate with the demands of the people.

The work of the New York board is attracting considerable attention. Notwithstanding pronounced opposition and many embarrassments the act is destined to strengthen the character of the profession in this State. From advance sheets kindly furnished for use in this paper, I observe the following verification of a position taken by the Secretary, James Russell Parsons, in his 1893 report. He reiterates that the records of the past year conclusively proves the position taken in his 1893 report, "That the new law proves a barrier to the ingress of the incompetent, has operated

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to raise the standard of preliminary education, improve the methods of teaching and terms of study of the different schools of medicine."

The following resolution from the President and Secretary of the Board to the State Medical Society is significant and should meet the approval and support of every member of the profession of this great State: "*Resolved*, That in the opinion of this Board the best interests of the public and medical profession would be materially advanced by gradually increasing the minimum of requirements as to general preliminary education till no candidate be entitled to matriculate in 1897 at a degree granting medical schools in this State, that has not completed at least a full high school course."

I am pleased to note that this bill has already passed the Senate in New York and is in a fair way of becoming a law. If it becomes operative it will operate to improve the character of matriculates in New York schools and will be followed by similar legislation in other States. Greater coöperation is necessary between different State Boards, as it is essential that harmony of policy exist as far as practicable. As in foreign countries their relations to the profession and teaching bodies is most important, their functions being that of professional censors of the conduct of the members of the profession, and guarding at the same time the avenues of entrance to professional work. It being the duties of these boards to protect the people from professional incompetency and charlatanry the duties are briefly comprehended in the performance of the following duties: 1. In establishing a minimum curriculum for all colleges whose alumni apply for a license to practice. 2. The individual examination of all persons wishiug to practice medicine in the commonwealth. 3. A professional censorship, granting the right to refuse or revoke a license for incompetency and gross unprofessional or dishonorable conduct.

As this form of legislation becomes more fully understood and appreciated by the better class of schools, it will be observed as one of the most certain and reliable avenues of placing before the profession of the country the character of work being done in all colleges whose alumni apply for license. A school doing honest work has little to fear at the hands of these boards; upon the contrary, as suggested in my former paper, it will be found that the proportion of applicants able to pass successful examinations will be a certain index of the character of instruction afforded students in the respective schools.

While the proportion of applicants successful is only eighty-two per cent., it will be found that from the schools heretofore operating under a high grade of requirements that, thus far at least in the work of these Boards, nearly all graduates are successful in obtaining a license upon examination. In substantiation of this conclusion I again submit data, using therein the same schools as in my former paper.

The following table indicates the proportion of students successful on examiuation from alumni of schools heretofore operating under the three years' curricula:

Colleges	Exmnd.	Licensed.	Rejctd.	Prct.
Harvard .	31	31	0	1.000
Columbia .	123	118	5	.952
Univ. of Penna.	126	123	3	.976
U. of Michigan.	83	78	5	.940
Northwestrn U.	26	22	4	.846
U. of Minnesota.	149	148	1	.992
Totals.	538	520	18	.964

I cannot but conclude, gentlemen, that efficient medical legislation will operate to bring about the following results, as applied to the profession and public.

1. It will protect the people by affording a profession of greater intelligence.
2. It will suppress charlatanry.
3. It will reduce the number of persons practicing medicine to a number commensurate with the demands of the people.
4. It will reduce the number of medical colleges, at present far above legitimate demands.
5. It will raise the general standard of professional fitness, assuring us a professional prestige in the future, be-

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coming the most important of the learned professions.

In conclusion, we appeal to the profession to renew their efforts in securing efficient medical legislation, believing its operations will result most beneficially to both public and profession.

THE THERAPEUTICS OF BICYCLING.

ITS ROLE IN GYNECOLOGY, HEART DISEASE, ETC.

By Dr. Descourtis,

Editor of the Revue D'Hygiène Thérapeutique; Laureate of the Academy of Medicine, Etc.

AN ABSTRACT: TRANSLATED BY E. M. S.

THE writer mentions that last year, 149,030 railway passes alone were issued in Paris for wheels, and that not less than 600,000 riders may be counted in the whole of France.

Officers, magistrates, bankers, artists and the "fine flower of the aristocracy" are enrolled among its votaries. The scientific world even is stirred on this subject. The Academy of Medicine is to have a report presented to them by a special commission, and the Academy of Sciences has offered a prize for the year 1897, on the subject: Give the theory of movement, and discuss, more particularly, the conditions of stability for velocipedes, bicycles, etc., moving in right or curved lines, either on a horizontal or inclined plane.

The horse has lost much of his value in France and abroad, since the arrival of the wheeling era. In the United States, the *American Agriculturist* complains bitterly that the price of horses has declined 65 per cent. in the past ten years, while the sales of bicycles, which amounted to 200,000 in 1894, will reach 300,000 in 1895. The success of the wheel is due to the fact that it in some measure summarizes most of the physical exercises, and adds to this a pleasure in movement, carried to its maximum.

DANGERS OF THE WHEEL.

Dr. Descourtis here alludes to the paper by Dr. Petit, before the Academy (Sept. 4, 1893), charging three cases of sudden death to the wheel, one a man of 60 years, who was overcome by emotion or fear; another, a physician of 48 years, and the third, a clubman about 40 years of age, both cardiac cases. He ridicules the idea of associating the bicycle with the fact of their death, and is astonished that a physician should collect such examples, so wanting in scientific accuracy. Every moment some people meet with sudden death, either in a carriage, or on foot, in the street or at home, at table or by the fireside, but there is no argument from cause to effect to be gotten here.

Moreover, comparing wheeling with other exercises of sport, it presents much less danger than many other forms. Let us take football. English, American (*Medical Record, Dietetic and Hygienic Gazette, Medical News*), and even French journals are full of accidents attributed to this game. In 1892, in England, 109 serious injuries and 23 deaths are cited; in 1894, 15 deaths. In France, last year, at the Lendit de Rouen, during the football games, 30 young students were more or less injured and had to be taken off the field in ambulances.

Cricket, polo, skating, even boating, are causes of numerous accidents, and we can say as much for horseback-riding. Apropos of this, we recall the sad end of a well known bicyclist, Cassignard, who came out victorious and without serious injury from many wheeling contests, but who met his death, the victim of an accident on horseback.

Accidents on the wheel are due to some mechanical defects in the parts, causing breakage and injury to the rider, to some faulty adjustment of these parts, disposing to falls; to an excess of speed in rapid descents, beyond the control of the velocipedist; or to meeting obstacles, such as other riders or passers by. To render these

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accidents as rare as possible it is necessary to have a solid machine, to keep it in good condition, to inspect it before each trip, not to assume an immoderate pace, and in spite of the fashion, always to carry a brake if one is not an adept.

Dr. Petit's remarks about the wheel causing death may be true in very advanced cardiac cases, such as those of asystole, for example ; but palpitations, dilatation of the chambers of the heart, hypertrophy with or without lesion of the valves, cannot be produced by an exercise of this kind, if it is taken in moderation. Likewise, the attacks of angina pectoris and of hysteria, of which Dr. Petit speaks, are never observed in trips which are neither too long or too rapid. On the contrary, exercise in general is useful in heart affections, and exercise on the wheel suits such better than any other kind. The treatment of cardiac subjects by absolute repose is but very little practiced nowadays. In Sweden, gymnastics and massage are applied ; in Germany, the system of Oertel, by the " cure de terrains," finds more and more advocates. This system consists in a regulated diet, and above all in walks, gradually increased in length, over routes more and more undulating, commencing very gently, so as to tone up the heart muscle, progressively, and allow it to perform an increased labor which is required of it. Furthermore, at Maheim, the Drs. Schott recommend highly gymnastic exercises and baths in the treatment of heart cases. The therapeutics of movement then is the present mode of treatment, and there is no exercise more gentle and more easy to regulate than that taken on the wheel. It is less fatiguing than walking on the smoothest ground, and puts in play the whole of the muscles, even those most deeply situated; it accomplishes a veritable stirring up of the internal organs and, facilitating the passage of the blood in the vessels, lessens the work of the heart at the same time that it is toning it up.

On 400 subjects examined by Dr. Blagevitsch (of St. Petersburg), he determined that only good results on the circulation had followed a moderate use of the wheel.

Such is also the testimony of Dr. Richardson, who states the constant and immediate result of the exercise to be an acceleration of the heart's movements, which stimulates organic interchange, and explains the great resistance to fatigue and loss of sleep, which well-trained cyclists exhibit.

On the other side, Dr. Richardson has never seen any immediate bad results, such as acute cardiac exhaustion, breathlessness, vertigo or angina pectoris. He even knows, curiously enough, a cyclist who climbs hills with ease on his wheel, but is unable to mount a ladder without experiencing dyspnea and palpitation. The moderate use of the wheel, he then advises, when the heart's action is feeble or when that organ presents signs of fatty degeneration. Dr. Richardson's colleagues approve of these observations and show themselves less timorous than the French physicians.

Dr. Sansom, for example, pronounces the conclusions of the French Academy on the subject of cycling as " ridiculous," and Dr. Little considers the sport an excellent therapeutic measure in certain heart affections such as dilatation, mitral lesions, etc. Dr. Washington Isaac knows a physician who has an advanced aortic trouble, which has given rise to no subjective symptoms in spite of outings on the wheel, and which the former only discovered by chance, in trying a new binaural stethoscope. This practitioner has not abandoned wheeling and does not experience any unfavorable result therefrom. So, from the advice of physicians who have personally taken up the subject, bicycling, far from being injurious, has always a favorable influence on heart affections, when it is judiciously practiced—be it well understood.

The state of the arteries requires more prudence, perhaps, than that of the heart. The use of the wheel should be forbidden to those whose arteries are too friable, and especially if there is any particularly weak point, as in the case of aneurism.

Varicose veins have also been con-

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sidered a contra-indication to bicycling, as is also the case quite recently in the use of massage and hydrotherapy. But a healthier conception of things has set in, and we have been obliged to bow to facts. Bicycling, better than any other proceeding, facilitates the flow of blood in the veins, empties the vessels, and by effecting greater tonicity of the muscles and of all the tissues, tends to restore the veins to their normal caliber.

Wheeling has been still further charged, when abused, with favoring congestion of organs (liver). It cannot be denied that toxic phenomena are caused, due to an accumulation of the products of cell disintegration, under the influence of prolonged exercise. Mr. Tessier's researches have shown that the activity of the disintegration is manifested by the existence of an albuminuria which is very appreciable in two-thirds of the subjects who have exceeded their strength, and by a very sensible increase in the excretion of urea. Dr. Robin has made the same remark in the case of one of his patients: the quantity of albumen doubled during the periods of exercise on the wheel.

Only one conclusion may be drawn from these facts, viz.: that subjects whose liver and kidneys are not sound ought carefully to avoid excess on the wheel, as well as all other kinds of excess. Perhaps albuminurics ought to renounce this exercise; still, new observations are necessary to definitely establish this clinical point.

Dr. Robin has determined in two cases subject to attacks of uric and oxalic acid gravel, that a notable diminution in the production of uric acid coincided with the days when these patients used the wheel, at the same time that the total amount of nitrogen increased.

According to some authors, cystitis and urethritis have been produced (Dr. Millée). Personally we have never observed it, and we do not believe the wheel capable, by itself, of causing it, unless the machine and the saddle are particularly ill-conditioned. Lastly, hernia is among the accusations. Outside of the fact that no one has ever cited a case of the kind, it is sufficient to see the position of the rider on his machine, legs being semi-flexed, to decide that the danger is imaginary. A much more delicate question concerns the use of the wheel by women. Dr. Petit has charged it with all the evils possible to the genital organs. Two or three doctors, of the same opinion, believe that it can excite in women a local stimulation and irritation, as was formerly laid to the sewing machine's account.

But these ideas were in circulation twenty-five years ago. Today, and especially since the practice of gynecological massage has extended, it is very important to recognize the fact that the immobility to which some systematically condemn women who suffer from affections of the uterus or its appendages, should be abandoned, and that appropriate movements are of service in a great number of cases. Now bicycling, wisely practiced, much resembles massage of the uterus, and can be recommended under the same conditions. In conclusion, experience has proven that it was without danger, and nearly all doctors who themselves ride recommend it to the ladies of their family.

In order to give a more precise opinion, Dr. Hogg addressed an enquiry to a large number of physicians, French and foreign, mostly gynecologists, and capable of expressing an opinion of decided value and weight. The great majority of them reported favorably on bicycle exercise for women, provided it be regulated, taken outside of the menstrual periods, and that there be no contra-indications on the part of the genital organs. They considered it not only inoffensive but decidedly beneficial to the general health, and advised it in the treatment of certain maladies such as neurasthenia, hysteria, anemia, chlorosis, amenorrhea, dysmenorrhea. The local congestive action of cycling should forbid its use to women during their menses, and when there existed a habitual or accidental congestive state of the ovarian organs. More recently yet, Mme. Dr. Gaches-Sarraute has given to the Society of Public Medicine her approval of the

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wheel for her sex. She herself has been a rider for some years and her judgment has necessarily great weight. Her opinion is that all acute inflammations of the genital organs, with pain and fever, should proscribe wheeling as it does all other exercise. Chronic, painless lesions without fever are quite a different matter. For example, metritis with hypertrophied uterus does not constitute a contra-indication, nor salpingitis, nor old salpingo-ovaritis. In case of chronic peri-uterine inflammation the bicycle can act as a substitute for Swedish massage. Women being seated in the exercise, the uterine displacements are not aggravated. The bicycle, then, offers an exercise which is not injurious, as a general thing; and, says our confrère, if there exist disadvantages, they are more frequent in the case of men than of women.

A last reproach which the detractors of the wheel have presented, apropos of women, is that it exposes her to miscarriages or abortions; but this charge falls of itself before the statement of Dr. White in the *American Therapist*, who finds that the beneficial effect of cycling is especially manifested in the development of the perineal muscles, and that thus, at the moment of labor, the period of dilatation is passed more regularly. He has observed with three women who rode the wheel up to the sixth month of their pregnancy, that labor was facilitated by this fact; two of these women were primiparae, and were delivered without difficulty and without rupture.

In short, all the objections made to women on the wheel disappear, and we see even a woman physician and rider declare that it presents less inconveniences for woman than for man.

The old of both sexes should abstain from this kind of exercise, as well as from all other, when they have diseased or degenerated organs which expose them to accidents of various kinds. But if these elderly folk have good general health they can pursue it without fear. Richardson cites a case of an octogenarian who practiced moderate exercise on the wheel for a long time with advantage, and who recently made, in one day, fifty miles. We do not advise like prowess to gentlemen of eighty years, but this shows at least that they can, without timidity, take to the wheel.

Fear has been expressed of causing inflammation of the prostate in old men. We think, however, that with a good saddle those who have a simple hypertrophy of the gland have nothing to apprehend from the bicycle, which rather exerts a massage of that region capable up to a certain point of improving the gland.

As regards children, we do not advocate bicycling for them. They enter into all games and sports with too much ardor, to this one especially, and rapidly go to excess. Moreover, their joints, heart and nervous system ought to develop slowly, progressively; and grave disorders may ensue if they fatigue themselves to excess. Arthritis, palpitations, the fever of overwork, menace them more than adults. It is wiser to interdict the wheel to children under thirteen or fourteen years of age. We only permit it to them where they are reasonable enough to use it with moderation and especially if they are accompanied by older persons capable of controlling them.

Another disadvantage which exists for all bicyclists, but principally for children, whose tissues have not acquired all their firmness, is curving of the spinal column (cyphosis) which makes their head drop forwards, elevates the shoulders, and rounds the back. Children must observe a good position, the body well erect on the machine, under pain of becoming deformed. This deformity has not, it is true, much importance, for if it tends to diminish the capacity of the thorax, this capacity is indeed augmented by the exercise of wheeling and by the deep inspirations it requires. One can only reproach it with destroying the harmonious development and elegance of the body.

We do not share, however, the ideas of Legendre concerning the dangers from children's games of play, provided that these exercises are wisely graduated. But we cannot too much blame the conduct of parents who have wheels *made for children* (bicycles or tricycles) of six

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years, of five years, and who do not fear to commence training an infant of twenty-two months, as that little baby of Nice, who made, each day, five-eighths of a mile in a tricycle.

ADVANTAGES.

Open air feature—exercises *all* the muscles, as shown by M. Marey at the Academy of Medicine. In climbing and descending hills different muscles are called into play, and the deepest-seated muscles of the trunk are used as well as those of the limbs.

Wheeling, then, apportions the muscular work better than any other exercise and in an absolutely symmetrical way. This is not the case in feucing, for example, where with right-handed persons, the right arm and leg become stronger, while the right shoulder droops and the spinal column curves from the same side. Likewise, in riding horseback, almost all the effort is localized in the adductor muscles of the thighs, and the custom of grasping the horse by pressure of the legs everts the knee and makes walking difficult and ungraceful when the horseman is on foot. On the contrary, the cyclist gains a great suppleness and elasticity in the legs, and although it has been so charged, he does not forget how to walk. The fact that the velocipedist does not have to support the weight of his body, as in walking, facilitates the cure of varicose dilatations of the veins. The increased tonicity of the muscles of the abdominal wall aids, in an effective way, dilatation of the stomach and intestine, prolapse of these organs, and the constipation which accompanies inertia of the digestive-tract.

As for dyspepsias, they are also frequently benefited or even cured; in part, doubtless, by the mechanical action exerted on the stomach by its massage and partly by improved appetite and stimulation of all the organic functions.

Bicycling is therefore the best exercise wherewith to oppose diseases of impaired nutritive origin, rheumatism, gout, diabetes, passive congestion of internal organs and all infirmities affecting people of sedentary habits: hemorrhoids, varices, constipation, obesity, migraine, etc.

In nervous maladies, especially neurasthenia, it can render great service (Hammond, *Journal of Nervous and Mental Diseases*, January, 1892). However, we only advise it in light forms of neurasthenia, or when the strength is about being re-established: a very little exercise at first, gradually increased, carefully avoiding fatigue. Thus practiced, its influence on the physique and morale of the patient will be considerable.

Anemia and general debility have no more powerful enemy. Sad ideas and preoccupations disappear as if by magic, after a spin of several miles, and all observers agree that one feels calmer, more cheerful and gay, on returning from a bicycling trip, at the same time that the moral and physical hyperesthesia of the neuropathic is diminished.

Certain experts of this sport go so far as to make a moral agency of the wheel. Thanks to it, cafés and saloons have less attraction for young men, who replace the enervating stays in a tainted atmosphere, surrounded by the smell of tobacco and adulterated liquors, by long outings awheel, drinking in the pure and revivifying air. The rider seems freed from that chain which attaches us to earth, and experiences a sensation of lightness and infinite speed.

The vibrations, analogous to those of carriage riding, long since recommended to the depressed and hypochondriac, similar also to those oscillations of the chair and head-piece planned by Charcot, for the treatment of various neuropathic states, react on the central nervous system, by a mechanism which is none the less certain if unexplained.

The wheel is becoming an agency for medical treatment, and ought to be so regarded. Cases of old arthritis, incomplete ankylosis, muscular atrophies or paralysis, may be considered in this connection.

RECOMMENDATIONS.

Have a solid, well kept wheel. Avoid fatigue, do not ride too soon after a full meal; ascend steepest hills on foot. Excess is revealed by loss of appetite and inability to sleep, from fatigue.

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To avoid stooping over, bring the saddle nearer the guiding bar and keep the latter high. The arms should be kept extended, and not near the bar, so as to permit every freedom of chest movement. Mme. Dr. Gaches-Sarraute recommends the "corset girdle" which only embraces the abdomen and does not touch the false ribs, allowing the skirts to be fastened to it above the hips by bands, and permitting free chest action.

Milk is a good aliment on long trips to combat the tendency to urinary autoinfection. Drs. Lagrange and Tessier have shown how the toxicity of the urine is increased and even quintupled after a prolonged trip, and that it is indispensable the poison should be eliminated. The kidneys, like the skin and liver, ought to be kept in good functioning condition.

Women who have a tendency to much loss or uterine hemorrhage during their menses should abstain through these periods from riding; but, on the contrary, if the flow is scanty and established with difficulty, it is preferable to continue the exercise without interruption.

After a ride, change the clothing; and by stopping along the route, chilling may be avoided, a dangerous occurrence always, when the body is bathed in sweat. Finally, if the heart is irritable, and palpitation ensues from the heart emotion, avoid frequented streets, and in case of doubt regarding the health, take a physician's advice in reference to the propriety or dangers involved.

Cycling gives suppleness and endurance to the body, quickness to the eye, decision to the mind; it is a school of *sang-froid*, and trains the will. Practiced with prudence and moderation, it deserves to be recommended by all physicians, under the exceptions above noted.

REMOTE AND IMMEDIATE CAUSES OF EPIDEMIC INFLUENZA.

READ BEFORE THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, JUNE 9, 1895.

By W. J. K. Kline, A. M., M. D.,
Greensburg, Pa.

IN considering this epidemic, which has been known by different names in ages past, that of influenza seems to be the one more generally adopted by the more classical authors and most intelligent professional investigators of the present time. Many other appellations have been used in the description of this scourge of the human race; but among all, that of "grippe" as used by our American physicians, chiefly to hide their ignorance, and by the masses to exhibit their aptness, needs only to be mentioned to be discarded.

The history of its origin, the suddenness of its appearance, its universal prevalence over the vast extent of territory embraced, its destructive influence and its unsparing impartiality in smiting with its magic wand the king on his throne, or the pauper in his hovel, have always made it a subject of interest worthy of the most profound research. As yet, no solution of its remote or direct cause has been satisfactorily determined, and the field is thus opened for discussion; and while it is not now intended to offer a definite elucidation of its mysteries, still a few observations may be admitted.

The cause to produce any result must be adequate. The cause, which will affect at the same time, in the same way, many persons in the same locality, or over vast stretches of territory, must be a constant, operative cause, effective upon each individual susceptible to its influences alike.

In an epidemic of influenza there is always present a certain condition of the atmosphere, a sudden and extreme change in the barometric pressure, a

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change in temperature and an increased development of electricity; and as a result, a greatly increased quantity of ozone. This ozone is especially felt after a discharge of electricity from the storm-cloud, or in the presence of the scintillations of the aurora-borealis.

The remote causes of these phenomena are the ocean currents of water and the greater currents of ether blue, ever flowing from the torrid to the frigid zones; and in turn the cold from the North to the South, which by contact and intermingling, form vast dynamos developing electric currents which circumvent the globe; and whose touch, though silent and unseen, or leaping from the clouds to cleave the rock-ribbed mountain and terrify all animate nature, strews the paths of the living with the bodies of the dead.

The properties of ozone are those of oxygen intensified, and it is very irritating to the mucous membranes; and when the atmosphere contains a disproportionate amount it causes distressing coryza or even hemoptysis. The congestion of the mucous surfaces prevents oxidation of the blood, and the retention of carbon dioxide follows. This poison affects the nerve centers and a condition of auto-intoxication with shock to the whole system ensues. Should any organ of the body be in a weakened condition the greatest effect will be felt by it.

It must be remembered that in the undue proportion of ozone in the atmosphere, that its action is repeated and cumulative, so that while days and years may be its measure of time, yet in a night the chilly blast may strew its victims thick as the leaves of Vallombroso.

In the evolution of electricity, still other irritating gases may have something to add to the destructive forces at work in the form of nitrous oxide and nitric oxide gases. There is still another factor in the case, and that is the barometric influence on the circulation. When the atmospheric pressure is light, the fluids of the body, as if by suction, tend toward the surface, and in the reverse condition the internal organs of the body are congested. Then again the temperature of the encircling medium disturbs the distribution of nerve force, locks up the secretions, and disturbs the functional actions of the body.

Should these causes be sufficient to create the havoc, which plays as if in mockery and fiendish glee with the lives of the unnumbered thousands in every land on the globe, what then becomes of the microbic theory? That the microbe has been found in the secretions of those affected with influenza is doubtless true.

The microbe is a development of necessary conditions, and is to my mind chemical in character, and is found only when the elements entering its composition are present. That microbes are found in the secretions of a case of influenza is doubtless true, because the soil is favorable to its evolution; but that the microbe is the cause of the disease is another question. It is an inhabitant of physical debris, and once formed, will doubtless propagate under similar conditions.

FORCEPS AND FACIAL PARALYSIS IN AN INFANT.— Laskine (*British Medical Journal*) speaks of an instrumental labor where the mother was a primapara, aged 22. After she had been in labor 54 hours the forceps was applied. A large child, weighing nearly ten pounds four ounces, was delivered; the perineum was torn. The child had facial paralysis, which was treated by the interrupted current. At the end of two months the condition had disappeared. Laskine admitted that the child's father had syphilis. Altogether, however, he thought the evidence was in favor of the opinion that the paralysis was caused by injury with the forceps. This complication took, he thought, long to cure. Gaulard, in a discussion on the case, knew of another far more chronic instance of the same lesion, for one of his colleagues, about 40 years old, still suffered from facial palsy, caused by the forceps when he was brought into the world.

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PUBLISHED WEEKLY.

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BALTIMORE, JUNE 29, 1895.

THE good work which the American Academy of Medicine has done and is doing has already been referred to in these columns. A great part of the meeting recently held in Baltimore was devoted to the cause of medical education and of the many papers read perhaps none was more practical and worthy of note than that on the need of efficient legislation regulating medical practice by Dr. Perry H. Millard of St. Paul and which appears in this issue.

Higher Medical Education.

It is interesting to note the good work that has been done in controlling and regulating the practice of medicine in so many States and the great advantages reaped from such legislation by the people and by the profession. The people receive better medical attention and the number of unskilled and incompetent physicians is reduced. All that is needed is a good effective law in every State so that incompetent men will not be driven into the unprotected States and work their havoc there.

One great help in the cause of advanced medical education is the lengthened and strengthened medical course which is gradually becoming one of four years' length. Too much credit cannot be given to one medical school of Baltimore, the Woman's Medical College, and more especially to Dr. Eugene F. Cordell, who was instrumental in calling together a convention of the medical schools which resulted in the adoption of a uniform system of instruction and a three-year course in those schools which took part in this convention. At that time many present were of the opinion that such a convention would amount to little and rather stood back, as is human, waiting to see which way the largest number would turn and holding a neutral position long enough to crow with the victorious.

What has been done is seen in this excellent paper of Dr. Millard's, a copy of which, according to a minute adopted at the last meeting of the Academy, has been sent to all medical journals with the request that they make as full use of it as possible and with which request it is hoped that many journals will comply. Such work helps along the cause of advanced medical education and strengthens the position of the true physician.

* * *

IT has so often happened that cases of apoplexy have been treated as cases of "drunk" and have been carried to a police station, there to die, that the Medical Society of the County of Kings, New York, appreciating this matter, have issued the following recommendations, which should be followed by all city police:

Drunk or Apoplexy.

1. Whenever a person is found in an unconscious or semi-conscious state on the street, or elsewhere, away from his own home, the police, when notified of such case, shall immediately summon medical aid; sending for the ambulance surgeon, or for the police surgeon; or in towns, where there are no such officials, then for the nearest physician, who should be compensated for his services by the authorities.

2. The police shall not decide as to the disposition of such a case, but must wait the decision of the ambulance surgeon, police surgeon, or of the physician called, and must act in accordance with such decision.

3. A police officer who acts in opposition to

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such decision should be by the ambulance surgeon, police surgeon, or the physician, reported to the Police Commissioner, who should subject such officer to discipline, rules governing such cases having previously been made and promulgated.

4. Ambulance surgeons should give prompt and immediate aid to patients found in the condition hitherto described, and remove them to the nearest hospital, or to their homes when ascertainable, according as his judgment dictates, is the best course to pursue in the interest of the patients. The existence of an alcoholic complication in the case should in nowise adversely influence the surgeon or physician called as to the disposition of the case, as such a complication often renders skillful medical treatment the more imperative.

5. Ambulance surgeons, and other medical men, brought in contact with cases in which alcoholism is a frequent complication, should be reminded that this condition often renders an immediate diagnosis impossible in the most serious and oftentimes fatal forms of cerebral disease and injury, as well as in other diseased conditions.

6. The examination of ambulance surgeons should include the differential diagnosis of alcoholic coma from other forms of coma, and the various diseases or injuries that may produce a condition simulating alcoholic intoxication.

7. Hospital authorities receiving financial aid from the city should not refuse admittance to patients suffering from supposed alcoholism, for in so doing they are liable to be contributory to the death of such patients. They should know, that if the condition be one of uncomplicated alcoholism, this fact will in a short time be revealed, and other disposition may be subsequently made of the case; while if the patient is so affected as to need immediate and skillful treatment, his rejection by the hospital authorities may conduce to a fatal result. If they refuse to receive such cases, because complicated with alcoholism, they should be held legally responsible for the results. And, further, if such refusal is persistent after their attention has been called to the matter, the city authorities should strike the name of such hospital from its list of beneficiaries.

8. The municipal authorities should also consider the question of the establishment of a special emergency hospital, or hospitals, conveniently located with reference to the various districts of the city; or a system, similar to that of the Bureau d'Admission in Paris, connected with which there is a special hospital for all cases of alcoholism, or cases complicated with alcoholism, that may occur in the streets of that city. Or the authorities might consider the establishment of a special department in connection with the hospitals of the city, similar to the "Alcoholic Wards" of Bellevue Hospital, New York, where more than 4000 alcoholics are annually treated. Such a plan would relieve the general hospitals of the burden of such cases, or compel them to make special provision for their care. Should the existing methods prove inadequate, the Committee recommends some such plan as is here outlined.

It is the hope of the Committee, now that the attention of all concerned has been specifically called to the matter, that they will cooperate in such a manner, by adopting rules and otherwise, so that methods will prevail in Brooklyn and other cities in the management of cases of the nature described, such as exist in most European cities. If this is done, then persons who are rendered unconscious from any cause on the streets or elsewhere, will receive prompt medical and humane treatment, and will escape the danger of being thrust in a cell as "drunks," and there left to sleep off the supposed debauch, which in no inconsiderable number of cases has proved to be "a sleep that knows no waking."

This question is an exceedingly important one and the medical society bringing out these rules deserves especial credit. It would be well if all large cities would formulate such rules for the guidance of the police, who too often hastily condemn a sick man to a drunkard's cell, only to find out their mistake when it is too late. It is wrong to blame the police for these mistakes as even the most skilled physician is at times in doubt, but, as this society has shown, the unconscious man should be given the benefit of the doubt, for it is much better to put the case of "drunk" in a hospital and find out the mistake next morning than it is to let an apoplectic die in a station house cell.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 22, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		9
Phthisis Pulmonalis		19
Measles	58	12
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria.	1	1
Mumps	1	
Scarlet fever	11	2
Varioloid		
Varicella		
Typhoid fever		

Dr. A. M. Elmore of Dallas, Texas, is editor of the *Texas Health Journal.*

Dr. Frederick T. Rogers is editor-in-chief of the *Atlantic Medical Weekly.*

Trendelenburg has succeeded Thiersch in the chair of surgery at Leipsic.

The death is announced of Verneuil, the French surgeon, in the sixty-third year of his age.

Secretary Morton has just issued new meat inspection regulations which will take effect July 1.

A Western court has decided that a physician may be held liable for dismissing a case too soon.

The death is announced of Mr. W. H. Schieffelin of the well known drug firm of New York City.

From October 6, 1894, to March 23, 1895, there were 524 cases of smallpox in Milwaukee, with 164 deaths.

A School of Medicine for Women is to be opened at St. Petersburg, Russia, under the auspices of the State.

The Cartwright Prize, offered by the Alumni Association of the College of Physicians and Surgeons, was awarded to Dr. James Ewing of New York.

The meeting of the bacteriologists in New York last week was productive of much good and the objects desired will probably be attained in time.

Dr. Louis McLane Tiffany of Baltimore has been elected an honorary member of the North Carolina Medical Society.

It is proposed to erect a home in New York for the dying, a rather novel institution, which is to be called the Thanatopsis Home.

At Southampton, England, all the garbage is burned in a furnace which was erected at an expense of $18,000, and which consumes from twenty-five to fifty tons of garbage a day at a merely nominal cost.

Yellow fever prevails to a considerable extent on both the Gulf and Pacific coasts of Mexico. It is increasing in Cuba, the newly arrived Spanish troops furnishing abundant fuel for the spread of the disease.

The importance and need of post-graduate work is shown in the excellent prospectus of the Johns Hopkins University and Hospital, which offers especial facilities for this work. Over seventy-five physicians took these courses in the last year, most of whom were from out of town.

The board of managers of the Baltimore General Dispensary, Lexington Street, met last Tuesday and elected the following physicians to serve in the dispensary: Drs. Haughton Baxley, J. B. Saunders, E. A. Munoz and Henry M. Baxley. During the year 12,317 patients were relieved and 15,037 prescriptions put up.

The Gynecological, Obstetrical and Pediatrical Congress will convene at Bordeaux on August 12 and continue until the 15th, each department under its respective president. The order of subjects for discussion will be, in Gynecology, Uterine Displacements; in Obstetrics, The Treatment of Puerperal Septicemia; and in Pediatrics, Hip Disease and Clubfoot.

A new mountain resort for consumptives, named the St. Gabriel's Retreat, will soon be inaugurated under the care of the Sisters of Mercy of Ogdensburg, N. Y. It is to be located at Paul Smith's, in the northern Adirondack region, where a plot of land, one hundred acres in extent, has been secured. A large central hospital with outlying cottages has been planned, in close proximity to pine forests covering thousands of acres. A very large sun-bath portico will be provided. One cottage has been promised by a benevolent lady living at Troy, N. Y.

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WASHINGTON NOTES.

The last meeting of the Washington Obstetrical and Gynecological Society was held on Friday night, June 21. The Vice-President, Dr. S. S. Adams, was in the chair.

Dr. J. T. Kelly was elected an active member of the Society.

Dr. I. S. Stone presented one mulberry calculus removed from the gall duct and eighty small stones removed from the gall bladder. He also showed a splendid specimen of pus tube. He dwelt at some length on the importance of stopping all hemorrhage and not losing any more blood during the operation than possible.

Dr. J. Taber Johnson thought it more important to make the operation as short as possible. The incision should be as small as possible and no more ether given than was absolutely necessary. The loss of an ounce more or less of blood was, in his opinion, not so important.

Dr. Francis S. Nash presented a specimen of multilocular cyst for Dr. H. L. E. Johnson, who was out of the city.

The discussion on Dr. J. Foster Scott's paper on "Criminal Abortion" was continued from the last meeting and Dr. E. L. Tompkins, in keeping with the subject, read a short paper entitled "A Case of Criminal Abortion."

Dr. J. Taber Johnson, Dr. W. P. Carr, Dr. T. C. Smith, Dr. F. S. Nash and others joined in the discussion. The society then adjourned until next fall.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

To June 24, 1895.

Captain Charles Richard, Assistant Surgeon, is relieved from duty at the United States Military Prison, Fort Leavenworth, Kansas, to take effect June 30, 1895, and will proceed to comply with the order for him to take station at St. Louis, Missouri.

Leave of absence for two months, to take effect about July 1, 1895, is granted Colonel Francis L. Town, Assistant Surgeon General.

Captain Harry O. Perley, Assistant Surgeon, will report in person to Colonel Charles H. Alden, Assistant Surgeon General, President of the Examining Board appointed to meet in this city, at such time as he may be required by the Board for examination as to his fitness for promotion, and upon the conclusion of his examination to return to his proper station.

Leave of absence for one month and twenty days, to take effect on or about August 10, 1895, is granted Major Louis M. Maus, Surgeon.

Captain Edwin F. Gardner, Assistant Surgeon, is relieved from duty as Attending Surgeon and Examiner of Recruits in Boston, Massachusetts, and will report in person to Colonel Charles H. Alden, Assistant Surgeon General, President of the Examining Board appointed to meet in this city for examination by the Board as to his fitness for promotion and upon conclusion of his examination will report for duty at Fort Grant, Arizona.

Captain Alfred E. Bradley, Assistant Surgeon, will be relieved from duty at Fort Custer, Montana, upon the arrival there of Major William C. Shannon, Surgeon, and will report for duty at Fort Yellowstone, Wyoming, for duty at that post, relieving Captain Charles M. Gandy, Assistant Surgeon.

Captain Gandy, on being thus relieved, will report for duty at Washington Barracks, D. C.

Leave of absence for two months and twenty-three days to take effect on or about July 6, 1895, is granted First Lieutenant William F. Lewis, Assistant Surgeon.

The leave of absence on surgeon's certificate of disability granted Captain James E. Pilcher, Assistant Surgeon, is extended four months on surgeon's certificate of disability and permission is given him to go beyond the sea.

Captain George McCreery, Assistant Surgeon, will be relieved from duty at Fort D. A. Russell, Wyoming, and will report in person to the Commanding Officer, Fort Niobrara, Nebraska, for duty at that post.

BOOK REVIEWS.

IMMUNITY, PROTECTIVE INOCULATIONS IN INFECTIOUS DISEASES, AND SERUM-THERAPY. By George M. Sternberg, M.D., LL.D., Surgeon General United States Army, ex-President American Public Health Association, Honorary Member of the Epidemiological Society of London, of the Royal Academy of Medicine at Rome, of the Academy of Medicine at Rio Janeiro, of the Société d'Hygiene, etc. New York: William Wood & Co. 1895. Price $2.50. Pp. 325.

The clinician and practical man have so often asked if the study of these apparently theoretical subjects aided in the cure of disease that Dr. Sternberg has brought together in this little volume what we know of immunity and kindred subjects. The first part is on natural and acquired immunity and the

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second part treats of those diseases in which some study and advance in the serum-therapy has been made. The author has been very painstaking in his work and has done it in the midst of his official duties. He has given very well a summary of the most important experimental evidences in the field of research to which it relates. Unsolved questions receive little attention. He has quoted freely from his Manual of Bacteriology. The book is well written, and the publishers have done an excellent piece of work. The author spells the name "Vaughn" instead of the correct way "Vaughan."

REPRINTS, ETC., RECEIVED.

A Dressing for Fractures of the Lower Extremity. By M. A. Verder, M. D. Reprint from the *Medical News*.

An Improved Binaural Stethoscope and Improved Soft Rubber Bell. By R. K. Valentine, M. D. Brooklyn. Reprint from the *Medical News*.

The Charity Hospital and the Alumni. Inaugural Address delivered before the Charity Hospital of Louisiana. Alumni Association. By Joseph Holt, M. D., President.

Weekly Abstracts of Sanitary Reports. Volume IX. 1894. Issued by the Supervising Surgeon General M. H. S. Washington: Government Printing Office. 1895.

The Relations of Infectious Processes to Mental Disease. By Charles K. Mills, M. D. Reprint from the *Transactions of the Congress of American Physicians and Surgeons*. 1894.

A New Apparatus for Applying Plaster Jackets, with a Brief Review of the Methods Hitherto Used. By R. Tunstall Taylor, M. D. Reprint from the *Johns Hopkins Hospital Bulletin*.

Annual Report of the Supervising Surgeon General of the Marine-Hospital Service of the United States for the Fiscal Year 1893; In Two Volumes. Washington: Government Printing Office. 1895.

Recent Improved Methods in Infant Feeding; with especial Reference to Modified Milk. By R. Tunstall Taylor, B. A., M. D., Surgeon to the Hospital for the Relief of the Crippled and Deformed, Baltimore. Reprint from the *Medical News*.

CURRENT EDITORIAL COMMENT.

THE INDEFINITE MEDICAL NOTE.

Canadian Practitioner.

THE practitioner, to gain knowledge from the experience of others, should be possessed of accurate and clear information. To accomplish similar results — by following any one man's practice — one must first learn thoroughly his details of technique, etc. Medical journals frequently contain a department of "Notes," which is often a source of embarrassment to their readers and annoyance to the authority referred to.

DEADBEAT-ISM.

Kansas Medical Journal.

THERE is a disease more or less common in every locality characterized by a constantly manifested tendency to get something for nothing. The symptoms develop rapidly on acquaintance and become chronic. There are no periods of remission, though the symptoms are not always recognized on first acquaintance. The disease seems to affect all classes of people and when once acquired seems very difficult to cure. It is sometimes called "dead beatism." Physicians very frequently meet these cases. They seldom come for the relief of this particular malady, but it is nevertheless very important to recognize it.

THE FOOLISH PHYSICIAN.

Ontario Medical Journal.

ONE glaring example of this is in the case where he is kindly requested by some not unwealthy insurance company to give his opinion whether or not they would be safe in accepting for insurance some applicant whom he has at some time or other attended, and in whose medical application he is referred to as the doctor who was in attendance. He is asked to give the particulars as to duration and severity of the trouble, and what effect it has had on the applicant as a risk. It is the custom to give this opinion gratis, the company usually remembering to furnish an addressed envelope adorned with a postage stamp. Such an opinion is of vastly more value to the company than many postage stamps, and in unfavorable cases may save them thousands of dollars; yet at present, in the absence of any regulation in the matter, the physician feels bound to give the opinion for the sake of the applicant. By no stretch of the imagination could one fancy a member of the legal profession acting so foolishly.

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PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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NOTES.

BROMIDIA is excellent in insomnia.

*

PILOCARPINE is recommended in croup.

*

DIGITALIS is contra-indicated in high fever.

*

NEURASTHENICS improve under Celerina.

*

APOMORPHIA hypodermically will relieve hiccough.

*

AGERICIN is very effective in the night sweats of phthisis.

*

THE nervous symptoms in rachitic children are much relieved by phosphorus.

*

TRIONAL in doses of from three to twenty grains will relieve the insomnia of children.

*

IN neurotic dyspepsia give the following:

℞.—Potass. Cyanid. . . gr. j
Extr. Valerian. . . gr. xxxvi
Ft. Capsules No. xij.
S. One three times daily after meals.

*

CHRONIC alcoholics when taken sick should be examined on the posterior portion of the chest at the base of the lungs every day or two, in order to detect at the earliest possible time the appearance of drunkard's pneumonia.

*

BROMALINE, or bromethylformine, is a very satisfactory substitute for the inorganic bromides. The dose for adults is ʒijss taken in ten doses through the day; for children the same quantity in equal parts of water and ʒiij of syrup of bitter orange peel. A teaspoonful twice daily.

PHARMACEUTICAL.

I HAVE derived the most satisfactory results in all nervous troubles from the use of Peacock's Bromides. I frequently prescribe it and I invariably do so when bromides are indicated, since I am certain to get permanent results.—Frederick G. Moore, M. D., 82 West Dedham Street, Boston, Mass.

DR. E. P. HERSHEY, who is Professor of Clinical Medicine in the Gross Medical College and also one of the physicians at St. Anthony's, the largest hospital here, in his lecture to his class at the college on Scarlet Fever, said that the most important thing in scarlet fever was keeping clean and in an antiseptic condition the mouth, nose and upper air passages, and that for this purpose he knew nothing better than Pasteurine, which he says he likes better than Listerine, which he formerly used, because it is a more powerful antiseptic, has such a pleasant odor and tastes and costs less.—*Gross Medical College Bulletin*, February, 1895.

THE duration of the disease was one year, and this long period was consumed by reason of the irritable condition of the gastro-intestinal tract. The slightest change in the diet would provoke a sharp attack of diarrhea. I placed the child on freshly-filtered milk, cream and boiled water, equal parts, which she failed to digest. I then commenced with peptonized milk, which did well for a short time. Finally, I was compelled to resort to equal parts of filtered milk, cream and boiled water with the addition of two teaspoonfuls of Mellin's Food to each bottle. This seemed to meet the necessities of the case exactly. Meat-juice, ʒ j, t. i. d., and a salt bath every day were also ordered. Medicinally, I prescribed 2 grains of the ammoniated citrate of iron in freshly expressed orange juice. This was also too irritating to the bowels, but after reducing the dose so that she might receive 1 grain of the iron and a half drachm of the orange juice twice a day, a marvellously rapid improvement was seen, which soon terminated in complete recovery.— Prof. William C. Hollopeter, in the *Medical Bulletin*, Philadelphia.

FOR all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less

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pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of the malarial poison. All such conditions are greatly benefited by the use of antikamnia and quinine. In headache (hemicrania), in the neuralgias occurring in anemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of this combination will produce the most happy results. In cases of malarial fever it should be given as a prophylactic and cure.

"Antikamnia and Quinine" are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition.

THE real value of the medicinal peroxide of hydrogen preparations found in the market was ably set forth in an article which recently appeared in the *Times and Register* by H. Endemann, Ph. D., formerly Associate Chemist to the New York City Board of Health. In this valuable article, the writer states that a standard solution of medicinal H_2O_2 must answer the following tests:

1. It should contain at least fifteen volumes of available oxygen. 2. The quantity of free acids contained in 100 cubic centimeters should require not less than 1 c.c. and not more than 3 c.c. of normal volumetric soda solution, to be made neutral. Such a small quantity of free acids is not objectionable. 3. It should not contain any soluble baryta salt. 4. It must be free from sediment. The different brands which he found on the market, being submitted to the above tests, run from 35 to 55 per cent. below the standard, except Hydrozone and Marchand's, which gave the following results: Hydrozone—Volume of Available Oxygen determined by means of a solution containing 5.665 Grammes of Permanganate of Potash per liter of distilled water, 27.35; Residue obtained from 100 c.c. of Peroxide of Hydrogen dried at 120 degrees, C. 0.2180; Acidity expressed in cubic centimeters of normal volumetric soda solution for 100 c.c. of Peroxide, 3.11; Baryta found in Soluble Baryta Salts contained in 100 c.c. of Peroxide, None; Marchand's, volume of available oxygen determined by means of a solution containing 5.665 grammes of permanganate of potash per liter of distilled water, 16.55; residue obtained from 100 c.c. of Peroxide of Hydrogen dried at 120 degrees C., 0.564; acidity expressed in cubic centimeters of normal volumetric soda solution for 100 c.c. of Peroxide, 1.29; baryta found in soluble baryta salts contained in 100 c.c. of Peroxide, none.

TO THE intelligent, the true cause of rheumatism and gout is no longer veiled in obscurity, for it is now an established fact that they depend upon the presence of an increased amount of lactic acid in the system, from malassimilation (imperfect first or second digestion), or from want of a proper elimination of deteriorating substances (effete products), through functional disorder of the kidneys, or from suppressed perspiration. Hence, the impropriety and great danger in attempting to cure or even to mitigate the pains of rheumatism, neuralgia or gout, by the use of local applications, such as the various liniments, embrocations, plasters, etc., for it is not only impossible for them to cure, but they will invariably increase the tendency of those diseases to metastatize, that is, to pass from the parts primarily affected to the internal organs. Ninety-nine out of every one hundred cases of organic disease of the heart can be distinctly traced to such improper and pernicious treatment. Then in order to effect a radical cure and prevent a more serious form, such as organic disease (conditions in themselves frequently beyond the reach of remedies), it behooves us to remove the cause upon which the disease depends. For a severe attack of rheumatism, neuralgia or gout, give from 25 to 30 drops of Freligh's remedy, mixed in an ordinary wine glass from one-half to two-thirds full of cold water, three times a day; if the pains are very severe, it may be given every two, three or four hours, until relief is obtained. But when the disease is chronic and the pains not very severe, from 10 to 15 drops once a day, or morning and evening, or morning, noon and night, as the case seems to require, will be sufficient to relieve the pain and eradicate the cause from the system.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 12. BALTIMORE, JULY 6, 1895. WHOLE NO. 745

ORIGINAL ARTICLES.

SOME REMARKS ON THE THERAPEUTICS OF DIARRHEA IN INFANTS.

READ BEFORE THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, MAY 8, 1895.

By Taliaferro Clark, A. B., M. D.,
Washington, D. C.

IN view of the fact as shown by statistics taken from the United States census, about one-half of the recorded deaths for one year occurs in children under five years of age, and about one-fourth under one year of age, it behooves us of the medical profession to pay great and very especial attention to the diseases of infants and to study carefully the therapeutic indications involved.

The field is fertile, and judging from experience, well worthy of careful cultivation. The harvest shall be a rich one of precious lives saved for the further advancement of civilization and to the glory of God.

The present may be called the age of the microscope. Experimenters are now, as never before, devoting their time and energies to pathological investigation and to bacteriological research. No man can serve two masters, and in just proportion must the therapy of disease suffer. Assigning a duly prominent place to pathology, without thorough knowledge of which no one is prepared to treat scientifically; acknowledging, at the same time, the incalculable benefit resulting to humanity through the efforts of these patient investigators; still, without a sound therapeutic groundwork, the novice, trembling upon the threshold of the great temple of medicine, may be likened to the mariner, who has a most accurate chart, but no rudder with which to guide. Therefore, in view of these facts and that the season is fast approaching in which these affections are manifest in greatest frequency and intensity, I deem a few remarks on this subject not inappropriate. If in so doing I may present old facts in a new light, if I may help the young practitioner over the path I found so rugged and give the result of a not inconsiderable experience to the saving of even one life, I shall consider my time and labor amply rewarded.

It is proposed to follow in this paper the classification of Dr. L. Emmett Holt, which is one based upon clinical observation, rather than strict pathological foundation. In his classification no special mention is made of dysentery, because, as he says with great truth, there are many cases met with presenting symptoms that lead us to infer the small intestine to be the principal portion of the tract affected and the autopsy revealing an ulcerative condition of the large bowel alone. *Vice versa*, many cases presenting predominent dysenteric symptoms also reveal, at the necropsy, an extensive inflammatory condition of the ileum.

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According to his classification we have:

1. Simple diarrhea.
2. Acute mycotic diarrhea. (*a*) Acute dyspeptic diarrhea. (*b*) Cholera infantum.
3. Acute entero-colitis.
4. Chronic diarrhea.

Before entering into the consideration of the individual cases, as here presented, it is well to notice briefly such indications as apply to this class of affections collectively. True to the old adage that an ounce of prevention is worth a pound of cure, we must devote our attention to prophylaxis, the constant and worthy aim of the conscientious physician. So long as old women continue to advise bathing eyes with warm milk for conjunctivitis, so long as mothers and nurses continue the disgusting and abominable practice of chewing food and stuffing the baby with detritus, mixed with their own spittle, just so long must the physician continue to make inquiry as to the daily habits of families and to teach them the ordinary rules of hygiene. When called to a sick infant it is well to be guided by the mother in seeking to find the nature of the child's ailment, otherwise we are liable to be greatly mistaken in a "snap diagnosis." Beyond this, be her station never so exalted, her surroundings the best, make it a point to direct inquiries and to give directions as if she were ignorant of the simplest hygienic rules. One of the greatest prophylactic measures at our command is the daily bath. The child's bath tub should be used for no other purpose. Many of us have seen it converted into a receptacle for slops. It should be kept as clean as the advertisers of sapolio claim it can be. It should be of tin and should be portable. The child should always be bathed in the morning. The room warm and free from draughts. The child should be stripped and placed in the bath, but never when its stomach is full of food. The bath should be not lower than 85° and not higher than 95° F. Unirritating soap should always be used. The child should be kept in the bath about five minutes, the nurse rubbing its body and limbs all the time. The bath is completed by placing a small sponge saturated with cold water at the nape of the neck and squeezing it so that a stream of cold water shall suddenly flow along the course of the spinal column. The child is now quickly wrapped in a previously warmed blanket and then wiped dry with a soft cloth, taking one limb at a time from under the blanket and rubbing toward the body. Finally drying and rubbing the body, dressing the child and placing it in the crib. It is astonishing how many people are ignorant of these simple details of a procedure that goes so far toward the bienêtre of these little creatures.

Another important point is the clothing. Winter and summer the infant should wear a broad, soft flannel band sufficient to envelop the whole abdomen. By this means we counteract the effect of sudden draughts, prevent the injurious determination of blood to the abdominal organs with consequent congestion and thus avoid simple diarrhea that so frequently makes mycotic invasion possible. To the same end, warm woolen stockings should be worn, even in summer. The other garments should be as simple as possible, changing the texture with the seasons. One of the most frequent mistakes made by over-anxious mothers and ignorant nurses is to dress the infant too warmly while indoors, to smother it beneath blankets and pillows while in its crib. The poor little victim stewed, is exhausted by sweating so that it becomes susceptible to the least change of temperature. It is impossible to give it sufficient air and sunlight, because it is impossible to add more wraps to its customary indoor apparel. The writer has seen children come to the hospital clinic, in New York, with such a number of layers on, that he should dislike to mention them, for fear of incurring the reputation and envy of Ananias. This was the child's usual indoor dress, with the exception of one layer. We do not need to look into the hospital clinics alone to find examples of this injurious over-carefulness.

Along with dress we must consider

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the diaper. The practice of many is to have next the skin some soft material and over this is fastened some material impervious to water. In my estimation this can not be too strongly condemned. It is liable to produce excoriation, but worse than all, so long as there is but little danger of soiling garments or bedding, busy mothers and lazy nurses can too easily forget to make the frequent changes of the napkin so necessary, even in health, for the proper comfort of the helpless infant. When we take into consideration that many of the diarrheas of infancy are due to microbic infection, and how rich a soil these decomposing excreta furnish for the propagation of germ life, the enormity of the offence becomes readily apparent. The napkins should be of several thicknesses of some soft material that will readily absorb the small amount of liquid matter passed by an infant; they should be changed as soon as possible after soiling and placed in a solution of "chloride of lime," and allowed to remain in it for twenty-four hours, and afterwards washed in several renewals of clear water. I have seen very extensive excoriations result from neglect of this point. Some writers advise the use of a small, thick napkin sufficient to cover the seat and over this is applied a larger thick one in the usual manner. This is intended to obviate undue pressure by the bulk of a larger one. This danger is more imaginary than real, while the disadvantages of the smaller napkins becoming displaced by the constantly squirming youngster are obvious.

The nursery should have a southern exposure if possible, airy, light, free from draughts and subject to slightest fluctuations of temperature. In families who can not afford the luxury of a nursery, the living room should be selected to meet these requirements as near as possible. It should be heated to about 70° F. The room should be properly ventilated, a subject beyond the scope of this paper and about which persons of great information along other lines are as ignorant as an ordinary laborer. While interne of the Randall's Island Infant's Hospital, of New York City, I experienced the greatest difficulty in getting experienced nurses even to properly observe this invaluable hygienic measure, especially at night. For lack of space I can do no more than call attention to these facts, trusting to the ingenuity of the physician to devise means adapted to individual cases.

We now come to infant feeding. The most important of all prophylactic measures against diarrheal attacks in infants must be conducted along these lines. Indeed, in treating the diarrheas of infancy, I place more confidence in the proper regulation of its feeding to correct these diarrheas, than I do in drugs. The best food for the child is breast milk and the mother who refrains from nursing her child for reasons of personal comfort or appearance only can not be condemned in too strong language. Not only does the child draw its life nourishment from the mother's breast but it is also the source of the "milk of human kindness." The men and women in whose hearts the fires of patriotism burn warmest, who make the best husbands and wives, are those who were nursed at a mother's breast and were taught the "Now I lay me" at the mother's knee. It is a singular fact that many mothers, noted for their good qualities as tidy housekeepers, for their spotless linen and glistening china, *never think to wash the breasts after nursing the child.* One of the best solutions for this purpose is a saturated aqueous solution of boric acid. This adds to the personal comfort of the mother, is a preventive against fissures of the nipple, and removes a threatening source from which bacteria can invade the alimentary tract of the child. It is also well to wash the baby's mouth, inside and out, using a soft rag, after each feeding.

Regularity in nursing should always be insisted upon. Young mothers especially are prone to nurse the baby every time it begins to whimper. What is the result? The too frequent nursing makes a constant drain upon the mammary glands, rendering the milk thinner and of much less nutritive value. In

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the second place it renders for the infant dilatation of the stomach exceedingly possible. Furthermore the animal economy can only use so much nourishment. All excess must be eliminated from the system, and in its passage the fermentative changes that take place most readily in the presence of heat and moisture may set up inflammation, rendering possible zymotic infection from germs that very likely never affect healthy mucous membranes. There are no hard and fast lines to guide as to the frequency with which the baby shall be nourished; each case must rest upon its individual merits. Tables based upon extended observation enable us to strike a happy mean and are within the reach of all.

Many mothers sleep with the child at the breast. Not only is this injurious to the child, but seriously affects the comfort, health and disposition of the mother. Every time a baby cries at night it is not for the want of food. It is a wise plan for mothers to nurse the infant just before retiring for the night, possibly once again during the night and again between six and seven in the morning. It is a comparatively easy matter to establish this good habit, the child awakening of its own accord only at those hours, thus enabling the mother to get much needed rest and adding to the richness of the quality of the milk.

Aside from physical defects that render nursing an impossibility, many women of neurotic temperament should not nurse their babies. It is a known fact to most of us that fear and anger can so alter breast milk that there are authenticated cases where children have died as a result of nursing shortly after the mother has emerged from such paroxysms. Anxiety in nervous women also exerts a deleterious effect upon the milk. I readily recall an instance of this that came very near home to me. The mother was a very nervous woman with her first baby. Too frequent nursing, during a heated term, brought on some slight gastric disturbance in the baby, so alarming the mother as to entirely change the quality of her milk. The more anxious she became, the more unfit the milk, the worse the child and *vice versa*. It finally became necessary to stop her from nursing the child altogether. It is here we confront a grave problem.

In this extremity the next best thing to a wet nurse, carefully selected under the supervision of the family physician, is cow's milk. Cow's milk differs from human milk in that it contains more fat and casein and less sugar, so that by the addition of one-third volume of water and sugar we obtain a product very nearly resembling woman's milk. The curd of cow's milk is denser and more difficult of digestion, artificially, than woman's milk. It is rational to assume that the same conditions obtain in the stomach. The addition of lime water to milk gives a finer precipitate upon the addition of HCl, than without the lime water. Why this is so has not been quite satisfactorily shown. We know that some of the casein of milk is in combination with calcium phosphate, and the rest is simply held in suspension. The addition of lime water probably displaces some of the casein united to calcium phosphate, thereby increasing the quantity in suspension and giving a finer precipitate on addition of an acid. One of the greatest drawbacks in the use of cow's milk is due to the possibility of infection in passing through so many hands before reaching the infant. To obviate this danger milk is sterilized by heat. In the country, where milk can be obtained pure, and kept sweet by placing jars in running water, I should not advise the sterilization of milk, except in extreme cases, because heat coagulates all of the albuminoids of milk, except casein proper, which, fortunately for sterilization, is one of the albuminoid bodies not affected. This partial coagulation adds to the indigestibility of the cow's milk. Still, in large cities, where it is impossible to obtain cow's milk other than that handled many times, the disadvantages of coagulation of parts of the albuminoid constituents are more than counterbalanced by the dangers of microbic infection.

In view of the foregoing facts, and as

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long as the pump remains the most remunerative cow in the milkman's possession, and our constant ignorance of how much further dilution we must employ to approximate human milk, the writer would advise the use of a good, reliable brand of condensed milk by those unable to keep their own cow. Of course in large cities, like New York, it is possible to have milk made according to formulae, but this is too expensive for the *hoi polloi*, and condensed milk is within the reach of all. An objection to condensed milk is the supposed appearance of rickets in children fed thereon. I do not think this objection will stand the test of clinical experience. Give a child proper sanitary surroundings, without blood taint, and we shall look in vain for the development of rickets in one so fed. One serious objection to the use of condensed milk, in my judgment, was the inability to tightly close the can after once opening it, therefore the possibility of it becoming infected. It is my custom to advise the users of condensed milk to purchase a small tin bucket having a tight-fitting lid. After using the milk, the can with the remainder is placed into the bucket, the lid securely fastened, the bucket and all placed into the refrigerator. Other prepared foods are useful, but we shall seldom be called upon to use them for healthy children. Many of these foods are valuable, some are worthless; still the physician can not have too large a stock to select from to meet individual cases. The last point for consideration, under the head of feeding, is the amount. In nursing children this is determined by the frequency. With bottle-fed children the remarks made in reference to frequency of feeding apply with equal force. By reason of extended observations, I have been able to formulate a general rule, I think, of some value. If the infant takes a reef in its pylorus and vomits after each feeding, it is almost certain the amount given is too large. On the other hand, if diarrhea sets in, we must suspect the quality. The regulation of these points is called "learning" the child, in hospital parlance.

The bottle of the bottle-fed should be scalded before and after each feeding. It should be plain, with as few angles for the lodgment of food as possible. In using condensed milk it should be diluted with scalding water and cooled down by placing the bottle, after fitting the nipple, into cold water. The milk should be prepared *fresh* at each feeding. Some time ago I was called to see an infant suffering from a simple diarrhea. Upon inquiry, I found it was the custom of the mother to prepare enough milk at one time to last several feedings. On being told to prepare the milk fresh for each feeding, she petulantly replied she did not have the time. Exasperated, I brutally replied that she could either find the time or bury her child. She did find the time, and the infant got well of a simple diarrhea, of one week's duration, without the exhibition of a single drug.

The nipple should be plain. I prefer the dark ones because adherent curds are more readily seen. Death-traps and germ incubators in the shape of long rubber tubes, fancy gew-gaws and wide-flanged nipples should be thrown out of the window at the first visit. Finally, I want to add a word of caution: *Be sure the nipple is perforated.* It took a friend of mine, in New York, a physician of uncommon intelligence and of wide experience, the mother and the distracted nurse two days to discover that the nipple had no hole in it. After feeding, the nipples should be placed in a solution of common cooking soda and left there until the next feeding. Wash with clear water before giving it to baby again. At this point it would be of interest to consider the physiology of digestion and the chemistry of individual putrefactive changes, but for want of time and of space I shall now pass to the consideration of the several diarrheas as classified.

I. Simple diarrhea.—Here we have to deal with an affection not dependent upon any observable anatomical change. The stools are at first fecal, then watery and odorless. There may be five or more passages a day, unattended by vomiting or fever, but with considerable exhaustion in severe cases. The cor-

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rection of this trouble is a valuable prophylactic measure against the diarrheas of bacterial origin. A simple diarrhea remaining unchecked will eventually lead to inflammatory changes, opening the road for bacterial infections. The treatment is simple and certain. If the stools are still fecal in character, a dose of castor oil, to which a few drops of paregoric may be added, is given. This sweeps all offending substances from the bowel and has an after sedative effect upon the muscular coats. If, on the other hand, the stools are watery and odorless, we should administer a suitable dose of the aromatic syrup of rhubarb. Why? We get the cholagogic and purgative effect of rhubarb, the griping is corrected by the aromatics and the after effects are astringent, due to the rheo-tannic acid contained. In some cases, a few powders of subnitrate or the subgallate of bismuth may be ordered to be used after the purgative has had time to act. Finally, and by far the most important, insist upon a strict observance of the prophylactic measures to which your attention has already been invited. By following these simple rules we often prevent more serious consequences, fill a home with gladness and add to our reputation as skillful and scientific physicians.

II. Acute mycotic diarrhea, that is, diarrhea produced by the presence of micro-organisms or by the fermentative changes induced by them. Of this class we have two distinct affections: Acute dyspeptic diarrhea and cholera infantum.

We shall first consider acute dyspeptic diarrhea, a diarrhea in which fermentation plays a conspicuous part. Mild attacks are not usually attended with vomiting, the stools are very foul and fecal. There is not much, if any, rise of temperature. This state of affairs may continue for days, only to take on suddenly severer symptoms. As just stated, the severer cases may come on gradually, but in many instances suddenly, without prodromata. There is hot, dry skin, high fever, then vomiting and in a few hours after onset very offensive stools and much gas. As Dr. Holt sarcastically puts it, these cases constitute the wonderful cases of cholera infantum cures.

Now, these are symptoms of putrefactive changes in the intestines. Proteolytic action takes place in an alkaline medium, proteids are converted into hemi- and anti-peptone. If this action be further prolonged hemi-peptone is converted into amido-caproic acid, leucin and tyrosin. We are taught by experimental physiologists that the still further prolonged action of the alkaline pancreatic juice produces along with phenol, indol and skatol, a body with a very disagreeable odor, constituting intestinal putrefactive phenomena, and to an exaggerated state of the same may be ascribed the offensive condition of the discharges in the affection under consideration.

In mild cases, where there is no vomiting, the first indication is to sweep all offending substances from the intestinal tract, preferably by a generous dose of castor oil. In the second place, we must correct faulty hygienic conditions, and attend strictly to alimentation along the lines already laid down. In addition to this, we should administer the subnitrate of bismuth, either by stirring the powder in a little milk, or in a mixture. If these measures fail, we must resort to irrigation of the bowel. For this purpose we need a fountain syringe capable of holding about half a gallon of water, a small rubber sheet, a soft rubber catheter No. 16 and a foot tub. The catheter is fastened to the hard rubber nozzle of the fountain syringe. The nurse sits with the sheet spread over her lap and the edges so folded as to conduct the water that escapes into the foot tub at the feet. The infant is partially undressed and held on its left side in the nurse's lap. The catheter is well oiled and gently inserted into the bowel eight to twelve inches. If tenesmus be present, much gentleness and care must be exercised, else the catheter will double on itself and the eyelet protrude from the anus. After the catheter is introduced the water is allowed to flow, escaping along the side of the catheter, the irrigation being continued until the reflux is clear. The water used should

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be about 100° F., plain or medicated. After much experimentation it seems to me that tannic acid 3i to water O ij gives best results where the stools are frequent with but little flatus. On the other hand, if there be much flatus and high fever, I prefer one drachm each of powdered boracic acid and of borax to the quart of water.

In severe cases the treatment is substantially the same. Irrigate the bowel with boric acid, administer calomel in triturates of gr. $\frac{1}{16}$ to $\frac{1}{10}$ every half hour for several doses, to quiet the stomach and to clear the bowel. Give no food for twelve to twenty-four hours other than small amounts of water to which the white of an egg has been added, given frequently, alternating with a little brandy in water to keep up the strength. I have experimented with both brandy and whiskey in these cases and invariably the brandy gave better results. Volume for volume it is more stimulating, it acts as a sedative to the stomach, while the appreciable amount of tannic acid contained may exert some astringent effect. It is stated, on the authority of Kühne, that the putrefactive changes I have described may be prevented by salicylic acid which destroys the micro-organisms upon which such changes depend. Clinical experience has demonstrated to my satisfaction that salicylic acid does exert a modifying influence upon these changes in the intestinal canal. But since we have to deal with an irritable stomach and since salicylic acid is exceedingly irritating to the gastric mucosa, it is well to substitute salol, which becomes broken up in the system into salicylic acid and into carbolic. I prefer to administer it mixed with bismuth subnitrate stirred in milk. In this way we get a smaller quantity of salicylic acid and acting more powerfully in its nascent state as a germicide, without the irritating effect on the gastric mucous membrane.

While hospital interne it was no unusual thing to find several infants in the same ward, on making my night rounds, who ran temperatures anywhere between 103° F. to 105° F. They would be irrigated, bringing away offensive curds and great bursts of flatus. Small doses of calomel, frequently repeated, would then be ordered. The next morning it has many times been my pleasure to find the same babies free from fever, contentedly sucking their thumbs.

Relapses are common, nor do all cases respond promptly to treatment. It is in these cases the prepared and predigested foods are particularly valuable. In many children the breast should be denied them almost exclusively at first, gradually allowing them to nurse more frequently with abatement of untoward symptoms. If we pay strict attention to the dietetic treatment the use of drugs becomes a secondary matter in these cases. Above all, avoid the use of opium. It stops peristalsis, locks up the secretions and consequently increases the fermentative activity we have to combat so earnestly.

The second form of mycotic diarrhea is cholera infantum. I doubt not that many a so-called successful cure of cholera infantum was only a severe dyspeptic diarrhea, with which it is often confounded. It is rare for these cases to develop without prodromata, suddenly. It is the usual manner for cholera infantum to set in suddenly during the attack of dyspeptic diarrhea, or in subacute entero-colitis. In typical cases, the temperature is high; vomiting and retching almost incessant; the passages are large, watery, odorless and frequent; the fontanelles are sunken and the face presents a pinched, drawn look. The nervous symptoms are manifested by restlessness, jactitations, convulsions, coma and death. The best treatment for these cases is unfortunately the prophylactic; a disease capable of killing an apparently healthy infant in three hours should be guarded against most actively. In very hot weather, the mildest attack of diarrhea must be viewed with apprehension and treated promptly. When cases develop, the internal administration of drugs is useless. Control the passages by the hypodermatic injections of atropine and morphine. Support the strength by hypodermatics of whiskey and strychnine. If the cases be seen in time in strong infants, I should advise the high irriga-

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tion of the bowel with a saturated solution of boric acid in water. If the infant be much prostrated, irrigation will hasten the end. Iced champagne and iced brandy may be given to quiet the stomach. Mustard papers should be applied to the abdomen often and long enough to keep the skin red. Fever should be combatted by baths; cold extremities and subnormal temperature by hot bottles. The severe symptoms last about twenty-four hours. With abatement of vomiting, all stimulation may be by mouth. Food must be tried slowly and in small quantities. One of the best for this purpose is Valentine's meat juice. I have had it retained when the stomach would accept nothing else. Continuance of diarrhea after subsidence of other untoward symptoms is regarded an entero-colitis, under which head the treatment will be further considered. The writer wishes, in conclusion, to emphasize that nothing must be given by mouth, not even champagne or brandy, unless they exert a modifying influence, when the stomach is irritated; that the hypodermatic form of medication is the only one applicable to these cases; that whiskey and strychnine hypodermatically are the most effective agents at our disposal for keeping up the strength; lastly, that no antipyretics should be administered, but rely upon baths to reduce fever. It is needless to add, an experienced nurse should always be in attendance, when possible. Do not use ice caps to control convulsions and thereby increase the anemia of the brain, to which they are largely due.

Entero-colitis.—We have just seen that cases of acute dyspeptic diarrhea, and cases recovering from an acute attack of cholera infantum, may terminate in an entero-colitis. On the other hand, cases of cholera infantum may develop from an entero-colitis. There may be an acute, subacute and a dysenteric form. The forms are easily distinguishable when we once gain clear conception of what constitutes an entero-colitis. From the nature of my paper, I shall have to content myself with giving but a few symptoms of the trouble under consideration before referring to its treatment. Cases going to autopsy, of which I regret to say I have seen many, reveal certain lesions of the bowel, and for the consideration of which I must refer you to works on pathology. These cases have a continued fever not high except in acute attacks at times. When the intestinal secretions are locked up or became scanty, we usually see a rise of fever. There is as a rule no vomiting. The nervous symptoms are manifest, but not so violent as in cholera infantum. The tongue soon becomes glazed, red and cracked. Emaciation is steady. The stools are characteristic. They contain much detritus in the form of undigested food: are quite frequent, from four to twenty a day; they are not, as a rule, particularly offensive; much mucus is found in them, at times streaked with blood or containing blood clot. Nothnagel makes a good point, the less the mucus is mixed with the feces, the lower down in the bowel it comes from. The same remark may apply to blood. There is much tenesmus and occasionally prolapsus ani. The color ranges from yellow to grass green. The green color of the stools has never received a generally satisfactory explanation. The addition of lime water to a yellow passage will cause it to turn green in three to twenty-four hours. This fact leads me to the conclusion that the green color is due to the conversion of bilirubin into biliverdin, either directly or indirectly by some special micro-organism acting in an alkaline medium. That the action is an indirect one, requiring special conditions, seems the most rational explanation to me.

Treatment.—Simple diarrheas should not be allowed to run on to an entero-colitis. Opium when the stools are frequent and temperature not very elevated. On the other hand, when stools are scant and the fever rises, castor oil is indicated. Bismuth and salol in combination are invaluable. Extract of pancreas should never be given by the mouth. It is destroyed in the stomach by the combined action of pepsin and hydrochloric acid. Some authorities claim

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that but little digestion goes on in the stomach of sucklings, that its function is largely that of a reservoir. Judging from the nature of the food and from the known activity of the pancreatic juice in infants, I am inclined to the same opinion. I am therefore opposed to the administration of digestive ferments to infants. I have seen on the autopsy table, in marasmatic infants, more than one stomach wall in various stages of digestion. In view of the fact that those infants were greatly emaciated, in most cases, and immediately sent to the dead-house, and therefore soon cooled below the point when artificial digestion is most active, I can not satisfy myself that the extensive changes found were due to post-mortem self-digestion.

It is in these cases that predigested and prepared foods are particularly valuable. The kind to use must be determined by experience and by an examination of the passages for fat and casein.

Irrigation gives good results. My preference has been stated. Tannic acid when stools are frequent, boracic acid when scarce. In cases of dysenteric nature high irrigation with about one pint of a nitrate of silver solution (gr. j to ℥j) followed, without withdrawing the tube, by a copious weak saline solution, does good. Once a week is sufficiently often to use this. I have also obtained good results with nitrate of silver, in pill form, by the mouth in these cases when the small bowel is more affected. The great drawback to this way of using the drug is the difficulty in getting an infant to swallow even the smallest pill, though they can swallow pins readily.

Chronic Diarrhea.—It is unnecessary for me to go into detailed description of the manifold phases of chronic diarrhea. Treatment must be regulated by the practitioner to meet individual cases. The practice of giving opium and astringents to confine the bowels one day and an aperient or purge the next, or *vice versa*, must be condemned as unscientific. Nature's tonics in the form of fresh air and proper sanitary surroundings, united to a suitable food, are our mainstays. Irrigation of the bowel does good in infants not too much weakened by the disease. If we have reason to suspect an ulcerative condition, the nitrate of silver injection will likely do good. Theoretically, the fluid extract of coto bark seems to be the drug for these cases, exerting, as it does, an antifermentative action and, at the same time, bringing a healthy supply of blood to the intestines, by causing an active dilatation of their vessels. It has been tried and found wanting. The best we can do in these cases is to pay due attention to the rules of hygiene; administer antifermentatives as indicated, the best of which is salol; avoid the routine use of astringents; and lastly, give suitable tonics where indicated.

In conclusion, I would say that the treatments I have endeavored to outline for these affections are not new, nor are they the only ones. Still, after much experimentation on many hundred cases, coupled with no little study of the subject, the treatments outlined appealed to me as giving the best results. Drugs must take a secondary place to dietary in these cases. "Shot-gun" prescriptions are to be avoided. Understand the conditions you are to combat and select the best drug for that purpose. Drugs that do no good do harm. It is much easier to upset a child's stomach than to quiet the same. Leave new drugs and proprietary preparations for your neighbor to experiment with. Bearing these facts in mind, working systematically, plainly and carefully and success will crown our efforts where success is possible.

SPINAL CORD DISTURBANCES AFTER TYPHUS FEVER.— Dr. S. Terzykowski (*Universal Medical Journal*) has examined three cases of nervous disturbances after typhus fever. One case recovered, but the others did not. The question as to whether these disturbances are occasioned by the typhus bacilli or by their toxic products has not yet been solved. The noxious factors reach the nervous centers through the lymphatics, blood-vessels and the peripheral nerves.

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UREMIC COMA.

READ BEFORE THE BALTIMORE MEDICAL ASSOCIATION, NOVEMBER 26, 1894.

By John I. Pennington, M. D.,
Baltimore.

THE case that I am about to relate is, in my experience, unique. In a practice of twenty-five years I have seen nothing like it. On November 14, about eleven o'clock P. M., I was called to see a young lady, who, I was told by the messenger, was thought to be dying. On arriving at the bedside, I too thought her dying.

She was lying in a state of complete relaxation, profoundly comatose. Her face, lips and finger ends were cyanosed; respiration abnormal, of the Cheyne-Stokes character. The inspiration was short, a mere jerk. The expiration was prolonged, the air escaping by a collapsing of the lungs. At short intervals the respiration would be suspended, and at times for so long a period that one would think she had breathed her last. The pulse varied both in frequency and force. Occasionally it was intermittent. The nervous system, both motor and sensory, was for the time-being paralyzed. The reflexes were gone excepting a very slight closing of the eyelid on touching the cornea. No amount of slapping or tickling would excite the slightest movement. The muscular system was in a state of complete relaxation. I do not think she made the slightest movement in the seven hours during which the coma lasted.

The history, as learned from the family, was unsatisfactory, and threw but little light as to the cause upon the case beyond the fact that they were quite sure she could not have taken any poison which would have produced the condition in which I found her. She was twenty-one years old, unmarried, and thought to be in fairly good health. She had for a few weeks been suffering from indigestion, for which she had consulted her physician, Dr. Aronsohn.

On the day of the attack she had as usual assisted in the household duties and seemed to be well with the exception of vomiting once during the day. She retired about 9.30 P. M., but before retiring she placed a wash bowl on a chair beside the bed, which would give the impression that she must have felt nauseated at that time. When her sister, who slept with her, retired about 10 o'clock, she was sleeping quietly, but in a short time, perhaps a half-hour, her sister was aroused by her breathing peculiarly. She could not be awakened by calling or shaking. On making a light her sister saw that she was alarmingly ill and called assistance. I was then sent for and found her in the condition as above described.

Diagnosis.—The question as to the causes of all this disturbance was not at once easily answered, and it was especially difficult under the existing circumstances. The coma appeared to me like that occurring from uremic poisoning, but the absence of all symptoms except the nausea and coma made this conclusion doubtful. I could learn of no symptoms preceding the attack indicating disease of the kidneys. There was no edema, and as far as we know the coma was not preceded by convulsions. The usual picture of uremic poisoning is somewhat like this: Edema, vomiting, convulsions and coma, with a history of an acute attack, or of failing health for some time previous. However, I believed that I had to deal with a case of uremia, presenting unusual symptoms, or I may say better, with the absence of some of the usual symptoms.

Treatment.— The cyanosed condition of the skin, the character of the respiration, with the weakened and irregular action of the heart, suggested to my mind that whatever the cause, nitroglycerine hypodermically was the remedy indicated, and I accordingly gave $\frac{1}{100}$ of a grain, repeating the dose in one hour and also giving an occasional

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hypodermic of whiskey when the action of the heart became very weak. After working with her about one hour and a half, Dr. Aronsohn, the family physician, came. I then went home for a catheter and tests for the urine. On introducing the catheter we could get only two or three drachms of urine, which upon examination was found to contain albumen. A third dose of nitro-glycerine was now given, and in an hour we gave a hypodermic of digitalin. We had little hope of our patient recovering, for notwithstanding what we had done for her, there were no signs of improvement except perhaps that the cyanosis was not so marked. About 3 A. M., we again introduced the catheter and drew off two or three ounces of urine, which also contained albumen.

The question of giving a hot bath was suggested, but the patient was on the third floor of the house while the bath was on the second, and her condition was so precarious that we did not think it advisable to attempt to carry her down. We did apply heat to the back. Pilocarpine was also thought of, and the propriety of using it was discussed by Dr. Aronsohn and myself. But in her condition of extreme relaxation, we thought best to rely upon the nitroglycerine and the digitalin.

She remained in about the same condition until about 7 o'clock A. M., when she commenced to show signs of improvement, and by eight o'clock she could be aroused to partial consciousness. About this time she improved rapidly, and at 10 o'clock, when I again saw her, she had sufficiently recovered to answer questions intelligently, but could give no account of her attack. She had passed urine in good quantity, which also contained albumen.

I did not see her after this, but Dr. Aronsohn informed me that the improvement had been uninterrupted, and that albumen had disappeared entirely from her urine.

I shall not attempt to explain the pathological condition, trusting that some one in the discussion will bring out this point. The points to which I wish to call special attention are the absence of symptoms of albumen preceding the attack, the suddenness with which it came, and the violence of the attack, and the most remarkable thing to my mind in the case was her recovery.

RESULTS OF PARTIAL RESECTION OF THE HUMERUS FOR SARCOMA. — Heurtaux (*British Medical Journal*) has recently reported a case in which eleven years ago he resected the upper half of the left humerus for a large and rapidly growing tumor which after removal was proved by very competent authority to be a true sarcoma developed at the expense of the medulla. According to the report of Malherbe, which was subsequently confirmed by Ollier, the malignity of the growth was placed beyond doubt. The patient, who at the time of operation was six years of age, was last seen by the author in the autumn of 1894. Then he found that there was not only a total absence of any indications of relapse, but also that the mutilated limb had proved a very useful one. Even when the arm was free, and not supported by any apparatus, the patient was able to lift and drag heavy and resistant objects and could use the limb with sufficient precision to play on the piano. The left forearm and hand were as well developed as those on the right side, but the arm was much wasted, being not more than eight inches in length, whilst the right arm measured nearly thirteen inches. The portion of the left limb between the shoulder and elbow was composed chiefly of soft parts, as the remaing portion of the humerus, the upper part of which was very thin, measured only four inches in length. This bone, since the operation, had undergone atrophy both in length and thickness. Notwithstanding this deformity the limb has proved so useful to the patient that the author holds that he is justified in advocating in cases of malignant growths of the head of the humerus a free resection of the upper part of this bone as a measure preferable to removal of the whole limb.

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SOCIETY REPORTS.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD NOVEMBER 26, 1894.

Dr. E. D. Ellis, Second Vice-President, in the chair.

Dr. John I. Pennington reported a case of UREMIC COMA. (See page 224.)

Dr. J. Edwin Michael opened the discussion of this case. Uremia is but little understood. The term is based upon an error. Often we have these symptoms when no urea can be discovered. But something (we know not what) exists to cause the trouble. Dr. Pennington's case was unique. But we often have such a condition in pregnant women. He is unable to give the cause of the affection in Dr. Pennington's case. He referred to a paper by Hughes and Carter in recent numbers of the *American Journal of the Medical Sciences*, in which a case similar to Dr. Pennington's is related. In the paper by Hughes and Carter experiments are mentioned of using blood taken from uremic patients to inoculate animals. The result was a nephritis produced in the animals. The blood of meat-eating creatures (man and the dog) will produce nephritis when introduced into the herbivora. Experiments of this character are of great importance in the etiology of Bright's disease. This leads to the subject of vegetarianism which he is now investigating. He is now experimenting in his own person with vegetable diet to relieve neuralgic attacks, and with much benefit. In regard to treatment, the most important consideration is the elimination of the *materies morbi* by the various emunctories. The kidneys can be less relied upon for this purpose than any other organs. The most thorough elimination is obtained by venesection. Even it the pulse is feeble, bleed, and often the pulse will improve under the operation. To counteract depression we can inject saline solutions into the cellular tissue. The skin is the next most important emunctory. Hot packs are more useful than baths. Pilocarpine is a drug of great danger. It causes great secretion of mucus. In regard to the alimentary canal, we cannot avail ourselves of this emunctory. Hypodermics of Epsom salt may be used, but they are not prompt enough.

Dr. John D. Blake asked if the eyes of this patient had been examined.

Dr. Pennington replied that they had not. There was no microscopic examination of the urine. The pupils were neither contracted nor dilated; they did not respond to light.

Dr. Blake: This case presented some of the features of hysteria. The case was peculiar. The rapid recovery was also remarkable. The presence of albumen during this short period without microscopic examination is not of much diagnostic significance.

Dr. David Streett: The patient had probably had nephritis previously. Such cases are frequently mistaken for hysteria. Nephritis may exist for several years without any evidence. He has many times seen patients who were insane, the condition being due to a nephritis. He thinks that if Dr. Michael will look up the question, he will find that the experiments mentioned by him and considered to be new are in reality rather old. Pilocarpine does produce considerable diaphoresis and salivation, but it does not give better results than hot-air baths. This is one of the best methods of causing elimination, but it should be conjoined with the administration of fluids. Changes of temperature are a frequent exciting cause of nephritis.

Dr. Blake: One of the best things to be done in cases like this is to inject from a quart to a quart and a half of hot saline solution, with hot bottles applied. This plan together with venesection would be an ideal mode of treatment.

Dr. Michael reported the case of a young lady who he thought at his first visit was in hysterical coma. The urine was loaded with albumen. Everything was tried but venesection, and the patient died. He also reported a case of uremic convulsions in a pregnant woman, from whose urine albumen disappeared

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in twenty-four hours after delivery. It is not necessary to have nephritis in order to have uremia. A uremic condition of the blood exists before nephritis.

Dr. J. W. Chambers related a case of uremic convulsions in a pregnant woman who died. The kidneys at the post-mortem revealed no diseased condition. There is no definite relation between the kidneys and the symptoms in these cases. Worry, uneasiness, etc., may bring about this condition. Abuminuria and casts are not so important as it was formerly supposed. The general tendency at the present time is to bleed for everything. Dr. Michael's explanation of the efficacy of bleeding is probably not correct, but it puts the patient into a position to eliminate the poison. He spoke of the inadequate kidney encountered by the surgeon.

Dr. Streett: His experience teaches that all cases of albuminuria have nephritis. The methods of examining the urine are not sufficiently accurate. Cases of albuminuria also present a small percentage of urea. Casts, as Dr. Chambers has said, are often found, nearly always hyaline.

Dr. E. G. Waters related a case in which the specific gravity of the urine passed before eating in the morning was 1028, while that voided after eating had a specific gravity of 1000.

Dr. Pennington: The only symptom to lead one to suspect albuminuria was a little indigestion for two or three weeks. Hysteria was out of the question. The temperature next morning was 101°. He mentioned a case of uremic convulsions following scarlatina, cured by the hypodermic injection of the fluid extract of jaborandi. In the present case the depression was so great that he was afraid to try pilocarpine. He spoke highly of the use of nitroglycerine in cyanosis. As to the use of water as suggested by Dr. Streett, the patient could not have swallowed. He has had no experience with venesection.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

CORRESPONDENCE.

THE PASSING OF THE INDEX MEDICUS.

DETROIT, MICH., June 7, 1895.

Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:— I notify you, as a subscriber, that the *Index Medicus* terminated its existence under my supervision, with the April number. I have published this journal since January, 1885, at an annual loss of from $500 to $1000, in view of my interest in a purely scientific publication, in which I had no mercenary interest whatever. This is a larger sum than has been contributed by any professional man or body of professional men to this purpose.

Owing to the hard times of 1893 the subscription list of this journal was greatly shrunken, and difficulty was found in making collections from subscribers. The deficit in 1893 was a very material sum, which was largely increased in 1894. Announcement was then made to the medical profession that unless the subscription list of the journal could be placed upon a paying basis I must discontinue its publication. Many friends of the *Index Medicus* appealed to me to defer action until they could by individual and organized effort arrange for an increased number of subscriptions, or for a fund whereby its continuance might be assured. After a period of six months it is found that the prospective deficit this year, assuming that all subscriptions are collectible, will be nearly $2000. Inasmuch as I can not afford to carry such a burden I have decided as above announced.

Very sincerely yours,
(Signed) GEO. S. DAVIS.

USE OF MERCURY IN ACROMEGALY.— Dr. Schlesinger of Vienna (*Medicine*) reports that a patient affected with acromegaly and at the same time with paralysis of the oculo-motor muscle on the right side, with gray decoloration of the optic discs and hemianopsia, under the influence of inunctions of mercury so far recovered that the ptosis disappeared and the visual field is again nearly normal.

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BALTIMORE, JULY 6, 1895.

The Japanese Navy.

THE recent war between Japan and China and the superiority of the former country over the latter in every particular makes a report of the health of the Japanese Navy especially interesting. This is issued by the Director-General Yasuzumi Saneyoshi, F. R. C. S., Eng., H. M., and is a very carefully prepared report. It is for the twenty-sixth year of Meiji, which is 1893.

From this work it is seen that the number of cases of disease and injury returned for the twenty-sixth year of Meiji shows a decrease in comparison with the preceding year, but as there was a decrease in the number of cases of influenza and intermittent fever, whose course is short, and also a decrease in the mean daily force of the service this year, it is found that the ratio of cases for the total force has increased somewhat when compared with the preceding year.

The mean daily force in the service for this year was 9322 men and the total number of cases of disease and injury entered on the sick-list was 3624, which is a decrease compared with last year, but the average number of men sick daily was 365.90, which is an increase over last year. The number of deaths was 56. It is interesting to note that there was a decrease in the number of cases of the infectious diseases and typhoid fever over last year.

There were only five cases of smallpox, one of which was left over from last year, and there were 2063 vaccinations, of which 543 were successful and 1520 were unsuccessful. The number of venereal cases was much larger than any previous year The tables in connection with this report will be especially interesting to the statistician and the little volume is a great credit to the Director-General.

* * *

Medical References.

THE articles written for medical journals may be divided into many classes. One class is that in which the author simply relates a case and gives it unadorned to the profession. Such work is often enhanced in value if several cases are cited and some inferences or conclusions are drawn. In other instances the author will search the literature honestly through and see what has been said before him, and if necessary quote or paraphrase it so that the reader may compare without going through the same research. Too many men, however, relate a few cases, draw some conclusions and then tack on a long list of formidable references from several languages to give an effect to their work. Of course these authors have looked up every reference and verified them in most cases, but it not infrequently happens that the references will be found in some encyclopedia, as the *Index Medicus*, and are simply copied to impose on an unsuspecting public. Such work is bound to be found out in the end.

When ground which has been untouched for a long time is gleaned over and the literature of the subject is brought together, it is only right that a list of references should be given that the reader who so desires may look up what most interests him and may use what he wishes in his own work. But the habit too frequently indulged in of tacking on a list of references which have never been looked up and which the author could never read, even if he did look them up, is entirely wrong and brings no glory on his head, as

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those who know soon find out. Work should be honestly done and no attempt made at imposing on the less well-read members of the profession, and the scattering broadcast of such work put into attractive reprints may deceive patients and admiring lay friends, but this superficiality is soon shown up by the profession.

* * *

THE daily papers have called attention more than once to the need of sanitary supervision of children in the public schools, as well as of the schools themselves, and whatever steps may be taken to remove sanitary and other defects will show their traces in an improvement in the general condition of school children.

Defective Vision.

A committee was appointed by the Baltimore City School Board, the object of which is to investigate the subject of defective vision among public school children. About thirty per cent. of the graduating class of the Baltimore City College this year wore eyeglasses and any person who has studied at the German universities will remember the large proportion of students who wear glasses. It looks, too, as if defective vision were on the increase and it is high time that attempts were made to prevent these defects at an early age when it can often be done.

There are many causes, direct and indirect, which contribute to defective vision and these lie not only in the children themselves and their family history, but also in the situation and general position of the school buildings. It is a far-reaching question and one that should be discussed from every side before a decision is reached. Oculists may be needed, but so also are sanitarians and hygienists.

The one flaw in these suggestions is that the oculists would gladly offer their services free. This should not be allowed. Such work is difficult and there is no reason why the physician should not be paid for his work as well as anyone else. There is always a great tendency for medical men to offer their services free for just such purposes, not because they desire to be philanthropic, but because they wish to make themselves better known. It is not usually found that the best men will undertake such work as this. The time consumed is great, the pay little and if the laborer is worthy of his hire at any time, he certainly earns it when he is a medical man.

For such work to have value it should be done by men who understand their business, for there is no more difficult work than accommodation work and the fitting of glasses by skilled hands takes brains, consumes time and is worth money, and no corporation should have such important work done by those who would give their services.

Unfortunately the bosses and political heads do not always pick out the best physicians to do the city work. This fortunately for Baltimore has its exceptions, but this is a notable exception. If the eyes of the school children are defective at birth and this defect grows worse during school life, the correction should be made by those who understand, else a bad eye may be made worse and a good eye may be damaged by improper glasses.

This whole subject of the sanitary supervision of the public schools is unusual and important and nothing short of a special committee of intelligent men could begin this.

* * *

IT is with some degree of satisfaction that the Health Department of Baltimore looks back on its work in the past year in inspecting food and food supplies. Impure, adulterated milk, diseased meats and decaying vegetables have all been discovered and confiscated and destroyed, and it is hard to calculate the amount of good done by the prevention of the consumption of such unfit food. Of course much poor food finds its way into the markets and is used, but the vigilance of the inspectors under the able guidance of the health commissioner has been the means of confiscating food unfit for consumption and has deterred many through fear of loss from exposing such food for sale. This good work is especially beneficial in the warmer months when fruit and vegetables soon decay and spoil, and when the temptation is so great to sell them. Crabs also and fish have received attention from the inspectors and in this way the sickness and mortality of the city has decreased and a feeling of security has been obtained.

Food Inspection.

It is very gratifying that the courts so far have upheld the inspection and confiscation of bad food and milk and have realized the importance of this law.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 29, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		9
Phthisis Pulmonalis		19
Measles	63	3
Whooping Cough	7	1
Pseudo-membranous Croup and Diphtheria	10	9
Mumps	4	
Scarlet fever	12	
Varioloid		
Varicella		
Typhoid fever		

The scientific world has suffered a great loss in the death of Thomas Huxley.

The colleges of the State of Washington have adopted a four years' course.

Mikulicz succceds Trendelenburg at Bonn, who took Thiersch's place at Leipsic.

The Philadelphia *Medical and Surgical Reporter* will hereafter be edited and published in New York.

A Frenchman now living in Russia is said to have attained the immense age of one hundred and twenty-six years.

Dr. William G. Grace, a London physician, has made a greater reputation for himself in playing cricket than in medicine.

The Rush Medical College of Chicago announces that it will give the degree of Doctor Medicinae Civitatis or Doctor of State Medicine.

As a result of the examination held by the Massachusetts Board of Registration in Medicine on June 4, twenty of the twenty-eight applicants examined were accepted.

The ninth annual meeting of the American Orthopedic Association will be held at Chicago, September 17, 18 and 19, 1895. Dr. John Ridlon is president of this Association.

A meeting of health officials was held in New York last week and rules were formulated relative to the quarantine and detention of vessels and persons coming from yellow fever ports.

A doctor's health has been estimated by an Atlanta, Ga., jury to be worth just $400. The discrepancy between the jury's estimate and that of the unfortunate physician was $9,600.

The International Congress of Thalassotherapy which met at Bologne last year will meet again this year in August and will consider the treatment of disease by sea air and sea bathing.

It is said that the latest sensation in Paris is the alleged important discovery by a M. Groussier of an infallible law whereby the paternity of children who have no acknowledged father may be ascertained.

A committee of the Spanish Chamber of Deputies has reported in favor of making vaccination compulsory in Spain. It is expected that the proposed measure will encounter some opposition when it comes under discussion in the Chamber.

Dr. Albert C. Gorgas, for many years a surgeon in the United States Navy, died last Sunday at Philadelphia. Dr. Gorgas had held many important positions and was at the time of his death connected with the Naval Museum of Hygiene at Washington.

St. Luke's Hospital of New York expects to move its patients to its new building in the fall. As a result of this proposed change, and the sale of a good many lots on its present property, it has been obliged to decline to receive new patients for the present.

The food inspectors of Baltimore report that during the month of June they inspected 10,130 gallons of milk, of which 630 gallons were applied. Four arrests for the sale of impure milk were made; one of the men paid his fine, and the other three cases were taken to court. Professor Tonry made thirty-nine analyses of milk. Besides a quantity of vegetables and fruit, 29,570 pounds of meat, poultry and fish were condemned.

By the will of the late Rufus Waterhouse of New York City, St. Luke's Hospital will receive about $200,000 to establish a ward for consumptive sewing women or consumptives dependent on sewing women. Mr. Waterhouse was a large wholesale clothing manufacturer and saw much misery among sewing women and his wife died of phthisis, both of which facts led to this form of bequest. Mr. Percy H. Pyne also left this same hospital $20,000.

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PUBLIC SERVICE.

UNITED STATES ARMY.

Week ending July 1, 1895.

Leave of absence for one month to take effect about July 1 is granted First Lieutenant Champe C. McCulloch, Assistant Surgeon.

Leave of absence for one month to take effect between July 1 and 10, with permission to apply for an extension of 10 days, is granted Major Blair D. Taylor, Surgeon.

First Lieutenant Frederick P. Reynolds, Assistant Surgeon, now at Fort Sam Houston, will proceed to Fort Bliss, Texas, not later than July 1 and report for temporary duty during the absence on leave of Major Blair D. Taylor, Surgeon.

UNITED STATES NAVY.

Week ending June 22, 1895.

Medical Director A. A. Hoehling placed on Retired List.

Medical Inspector G. W. Woods ordered for examination preliminary to promotion to Medical Director.

Surgeons G. F. Winslow and R. A. Marmion ordered for examination preliminary to promotion to Medical Inspectors.

UNITED STATES MARINE SERVICE.

Fifteen days ending June 15, 1895.

George Purviance, Surgeon, relieved from duty at Philadelphia, Pa., (temporarily) and detailed for duty on Board relating to Ford's Theater disaster, June 8, 1895.

W. A. Wheeler, Surgeon, detailed as Chairman of Board for physical examination of canditates for Revenue Cutter Service, June 1, 1895.

S. D. Brooks, Passed Assistant Surgeon, granted leave of absence for twenty-one days, June 14, 1895.

J. H. White, Passed Assistant Surgeon, detailed as Recorder of Board for physical examination of candidates for Revenue Cutter Service, June 1, 1895.

W. J. Pettus, Passed Assistant Surgeon, granted leave of absence for thirty days, June 6, 1895.

L. E. Cofer, Assistant Surgeon, to inspect unserviceable property at San Diego Quarantine Station, June 12, 1895.

H. S. Cumming, Assistant Surgeon, relieved from temporary duty at Boston, Mass., and ordered to rejoin his station at New York, N. Y., June 3, 1895.

PUBLICATIONS.

DEGENERATION. By Max Nordau. Translated from the Second Edition of the German work. Fourth Edition. New York: D. Appleton & Co., 1895.

In this remarkable production the author, a German physician and a pupil of Lombroso, seems to think that the whole world is going to the "demnition bow-wows" and reminds one of the clever insane man who thinks that all persons are mentally unbalanced except himself. His idea is to show that not all degenerates belong to the lower classes and are criminal prostitutes, anarchists and such like, but often authors, artists and others may reach a point of eccentricity approaching insanity. Persons who follow blindly certain crazes, the founders and disciples of certain schools of music, art, literature, etc., may all be degenerates. Those easily excited, the enthusiastic, especially the youth, are led off by this or that fad and join the great army of degenerates.

This is an attempt at a scientific criticism of this subject and is very ably written even if rather diffuse. It is divided into sections or books; the first one being entitled "Fin-de-Siecle," the second "Mysticism," the third "Ego-mania," the fourth "Realism" and the fifth and last "The Twentieth Century." No one is spared in these chapters. Tolstoi, Wagner, Zola, Ibsen and others are all described and analyzed. The final chapter is on the Prognosis and Therapeutics of Degeneracy. The book is one that demands a careful reading and while ephemeral in character will hold a large audience of readers.

REPRINTS, ETC., RECEIVED.

Catalogue Law Battery Co. New York.

Report of the Kensington Hospital for Women. Philadelphia, 1895.

Sixth Annual Report of the State Board of Health of Florida. Jacksonville, 1895.

When to Wear Glasses and How to Choose Them. By Dr. Arthur G. Hobbs, Atlanta.

College of Physicians and Surgeons of Chicago. Fourteenth Annual Announcement. 1895.

Scopolamine as a Mydriatic. By Arthur G. Hobbs, M. D., Atlanta. Reprint from the *Refractionist.*

Aseptic Prophylaxis of Asiatic Cholera; Arsenization. By Reginald Barkley Leach, M. D., Paris, Texas.

The Writings of Mauriceau. By Hunter Robb, M. D. Reprint from the *Johns Hopkins Hospital Bulletin.*

A Case of Acute Delirium. By Thomas P. Prout, M. D., Morris Plains, New Jersey. Reprint from the *Medical News.*

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New York University. Announcement of Summer Courses, July 9, to August 17, 1895.

Rational Therapeutics of Cholera Infantum. By Gustavus Blech, M. D., St. Louis. Reprint from the *New York Medical Journal.*

The Treatment of Opium Poisoning by Potassium Permanganate. By William Moor, M. D. Reprint from the *Medical News.*

Intestinal Anastomosis, with Report of a Case. By Frederick Holme Wiggin, M. D. Reprint from the *New York Medical Journal.*

Double Athetosis. Report of Three Cases. By Wm. F. Drewery, M. D., Petersburg, Virginia. Reprint from the *Virginia Medical Monthly.*

Bellevue Hospital Medical College of the City of New York. Circular of Information, 1895-1896. Twenty-Fifth Annual Course of Instruction.

Special Courses designed for Graduates in Medicine offered by the Johns Hopkins University and Hospital. 1895-96. Baltimore: The Johns Hopkins Press. 1895.

Annual Report of the Department of Health for the City of Chicago for the year ending December 31, 1894. Arthur R. Reynolds, M. D., Commissioner of Health. Chicago: 1895.

On Whooping Cough; Its Great Fatality, and the Necessity for Isolation and Rest in its Treatment. By William W. Johnston, M. D., Washington, D. C. Reprint from the *Archives of Pediatrics.*

Some Minor Studies in Nerve Cell Degeneration as Presented by a Case of Localized Cerebral Atrophy. By Thomas P. Prout, M. D., Morris Plains, N. J. Reprint from the *American Journal of Insanity.*

Circular on the Care and Deposition of Persons Found Unconscious on the Streets or Elsewhere. Prepared by a Special Committee of the Medical Society of the County of Kings, New York. Reprint from the *Brooklyn Medical Journal.*

Supra-Pubic Cystotomy for Calculus of the Bladder. Trendelenburg's Transverse Incision; Transverse Division of the Recti and Pyramidalis Muscles; Incision of the Bladder without Inflation of the Rectum or Injection of the Bladder. By A. H. Meisenbach, M. D. Reprint from the *Journal of the American Medical Association.*

CURRENT EDITORIAL COMMENT.

YOUNG DOCTORS.

Journal of the American Medical Association.

BE guided then by the voice of experience in all things not controverted by recent facts, and try yourself to become that ideal being the old doctor would be, had he only your growth and recent knowledge to add to his tact and *savoir faire.* Watch him closely! he knows men as open books; he knows how to manage and control them; he knows when to smile and when to be grave. He has learned his community; he knows what he can do without offense, and how best to acquire its good will. He knows best how to set forth the knowledge he has to its best advantage. Take all you can of his method, it is the result of experience, and pay him that deference when you meet him, that you yourself would like to receive from the classman of 1945 freshly filled with the new doctrines of which you will have only heard through your journal.

NEW EDITIONS OF MEDICAL MEN.

Gaillard's Medical Journal.

AT the resent Alumni dinner of the University Medical College, Prof. William H. Thomson, among other true and pertinent things, said that every medical man should at certain intervals get out a new edition of himself. Medical books unless they are revised from time to time get out of date and behind the times. It is easy for the medical man to drift into the same condition. In the cities, doctors by frequent attendance upon medical societies and constant contact with their professional brethren, unconsciously absorb many facts and are kept more or less up to date. We say more or less advisedly, for Dr. Rip Van Winkle is not uncommonly met upon the city streets. It is our opinion, too, that of all benighted doctors, the city Rip is the most hopelessly so. A man in the country may fall behind the times through causes for which he is not entirely to blame. The old fogy of the city is so either from mere laziness or mental deficiency and inability to learn. In either event the case is hopeless. By careful and conscientious reading, any physician may keep himself well abreast of the times and more radical methods of revision will be but little required.

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All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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NOTES.

DIABETICS are poor subjects for anesthesia. Coma is apt to follow.

*

CAFFEINE markedly increases the diuretic action of digitalis. The combination is of especial value in cardiac dropsy.

*

DR. WEILL claims that every form of vomiting during gestation can be relieved by a twenty per cent. solution of menthol in olive oil; dose, ten drops on sugar whenever nausea appears.

*

A PERIODONTITIS may frequently be aborted by painting the inflamed gums several times a day with a mixture of iodine and aconite, one drachm each, and chloroform and tincture of benzoin, each fifteen minims.

*

TINCTURE of iodine of double strength, or one drachm to the ounce of 95 per cent. alcohol, when thoroughly applied by means of a feather, or better by a camel's hair pencil, to boils, etc., will relieve all pain and shorten the stages of suppuration more than one-half.

*

NEVER prescribe for an inflamed eye without doing three things: 1. Without examining for a foreign body embedded in the cornea or lodged beneath the lids. 2. Without seeing if cornea or iris is implicated. 3. Without determining the presence or absence of tension of globe. Never use violence in opening the eye if there be much swelling or spasm, because if a deep ulcer of the cornea be present, perforation may take place. Never trust the nurse with verbal instructions for washing out the baby's eyes in infantile ophthalmia.

PHARMACEUTICAL.

FOR shaking palsy nothing excels Tinct. Aesculus Glabra half-drachm, and Celerina eight ounces. Teaspoonful every two or three hours.

J. W. SNOWDEN, M. D., A. E., San Jose, California, on April 12, 1895, writes: Your Bromidia acts like a charm. I believe it a safe, effectual and reliable hypnotic.

IF your patient is pale, weak, nervous, irritable and losing flesh, he is suffering from malnutrition, "caused by" indigestion and malassimilation; remove the cause by giving two fluid drachms of Seng before each meal.

"I HAVE used Pasteurine in a number of cases of throat and nose diseases and have found the greatest satisfaction from its use. In general practice about the sick-room it fully accomplishes all that is claimed for it." — Louis C. Boisliniere, Jr., M. D., St. Louis.

WHEN in trouble to find a palliative for a distressing pruritus ani, try the following:

℞.—Hydrarg. chlorid mitis.	grs. lxxx
Ac. carbolici.	m xx
Lanolin.	ʒ i

M. et ft. ungt.

A FEW months ago I was suffering from hepatic torpor and I am happy to say that after using two bottles of Peacock's Chionia I feel greatly relieved, and that Chionia has done me more good than any other preparation I have ever used. In hepatic disorders I shall always give it preference, knowing its therapeutic value.—T. Ed. DePondrom, M. D., Chicago, Ill.

AS A result of the series of careful experiments during the past winter with regard to the hypnotic effects of Trional in such cases as came under the treatment of the general practitioner, Dr. Doermer warmly recommends this remedy. On comparing it with the majority of customary hypnotics he has become convinced that it is not only equal to them but surpasses many of them as regards reliability of action and innocuousness of effect when administered for long periods. He has never observed disagreeable effects from its use and has given it in two gramme doses

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daily for a number of weeks without any disturbance of the appetite or general health. In some of his cases it was found possible to produce a satisfactory and refreshing sleep with one gramme doses, as for instance in articular rheumatism; and even 0.5 grammes sufficed to bring about a quiet sleep of five hours' duration in a case of progressive paralysis, in which obstinate sleeplessness was one of the most disagreeable features. A dose of two grammes, however, always gave rise to a light or deep sleep, even in severe febrile diseases terminating fatally, such as pyemia, tuberculous meningitis following chronic otitis media, carcinoma of the colon, etc. In but one case of ascites due to cirrhosis of the liver was it found possible to obtain sleep, but in this instance the other hypnotics also proved inefficient and hypodermics of morphine had to be finally resorted to. The author's manner of administering Trional differs in nowise from that generally recommended, the patients being directed to take half a pint of soup or some carbonated water after its ingestion. He either gave two grammes in a single dose or 1.0 gramme repeated at intervals of an hour, the former method being frequently more effective. In conclusion Doermer states that Trional belongs to the permanent acquisitions to the modern materia medica, and that it will maintain its high position in the future.

In the after-treatment of a case where an operation for the relief of an impermeable occlusion of the oesophagus of five years' standing had been performed, which operation was reported at length in the *New York Medical Journal* of March 23, 1895, Dr. Augustus C. Bernays, A. M., M. D., Heidelberg, M. R. C. S. Eng., Professor of Anatomy and Clinical Surgery at the Marion-Sims College of Medicine, the operating surgeon, says:

"The patient rallied fairly well after the operation, but she became greatly emaciated. Liquid food was given at short intervals and stimulants as indications demanded. In order to allay the extreme nervousness and irritability, antikamnia was given and it acted promptly and satisfactorily in every instance." Of the further history of the case it may be stated that on the seventh day after operation, the patient took into her stomach through the natural channel the first food which had passed it in five years; and that in two months convalescence was regarded as fully established.

The superiority of Wine of Coca as a gentle stimulus, without reaction, and a reliable tonic, powerfully impressing and energizing the nervous system, without any unhappy sequelae, is recognized by the medical profession throughout the world. Argument to sustain this proposition is unnecessary, as the use of Coca in the practice and hospitals of civilization is firmly established, and the praises of its action are the proofs of its efficacy. Variation of result, however, frequently following the administration of many different makes of this remedy, even at the hands of the most observant and painstaking practitioners, has induced careful examination into the causes of such variation. A close study of this circumstance revealed the fact that difference in the alkaloidal strength of various lots of the leaves was the primary cause. Accordingly, Messrs. Gilpin, Langdon & Co. of Baltimore determined to make an ideal wine of coca, and the high commendation of physicians who have prescribed it justifies their claim to have accomplished the result. The Coca leaves entering into its production are very carefully selected, assayed and standardized, the wine used is the choicest for the purpose and the manipulation such as to produce perfect results. It is one of the most agreeable and grateful of stimulants and tonics, being especially efficacious in anemia, chlorosis, pulmonary ailments, scrofulous troubles, gastralgia, weakness of the throat and vocal cords, asthmatic conditions, slow convalescence, general debility, physical and mental depression, brain and nerve exhaustion, stomach diseases, dyspepsia, peculiar types of nervousness in women, languor and weariness, loss of appetite, results of excesses, and in other diseases and conditions where a tonic and strengthener of the general system are prime requisites. A special virtue of their Wine of Coca is its strengthening and beneficial action on the voice and vocal cords, suggesting its use for lawyers, ministers, singers, teachers, orators, and others who find it necessary to employ the vocal cords to a greater or less extent. Its pleasant taste will suggest its special adaptation for children and those of weak or rebellious stomachs. Each fluid ounce of this preparation contains fifteen one-hundredths of a grain of cocaine.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 13. BALTIMORE, JULY 13, 1895. WHOLE NO. 746

ORIGINAL ARTICLES.

PUS IN THE PELVIS; WHAT CAN WE DO WITH IT?

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., MARCH 19, 1895.

By J. Thomas Kelley, Jr., M. D.,
Washington, D. C.

SO MUCH is being said about pelvic disorders, especially about pus in the pelvis, that one is at a loss what to think is the best method of dealing with a patient suffering from this most grave affection.

There are those who say that operation is never necessary, but that rest, medication and other mild means are all that is required.

On the other hand, there are those who think that all pelvic pus must be removed by operation and especially by so-called laparotomy.

The first cite numbers of cases in which pus has disappeared by their mode of treatment, while the surgeon shows large sacs of pus he has removed and taking you around the hospital shows you the patients from whom they were removed still alive.

There seem to be very few who advocate both methods, whether because those who use milder means do not care to operate because they are unable, or from other like motives, or the surgeon on the other hand becomes so fascinated with operating that he is ready with his knife at the slightest excuse. Certain it is that the surgeon suggests that the former is a tinkerer and he in turn represents the surgeon as a roaring lion going about seeking whom he may devour.

Pus may exist in the pelvis, in the vagina, vaginitis, in the cavity of the uterus, endometritis, in the body of the uterus, metritis, in the Fallopian tubes, pyosalpinx, in the ovary, ovarian abscess, or may rupture from the tube into the ovary or *vice versa*, tubo-ovarian abscess, or it may rupture into the peritoneal cavity and be walled off by some other organs and constitute a pelvic abscess, and in the cellular tissue beneath the peritoneum, also called pelvic abscess.

Of pus in the vagina I will say nothing. In the cavity of the uterus, with the body fairly healthy and the uterine appendage comparatively normal, the very best method of treatment is with the sharp curette and afterwards packing with iodoform gauze. The gauze is not for drainage for it will not drain, but for antisepsis, and should be removed daily in bad cases and the cavity flushed with some antiseptic fluid using the return flow douche nozzle. The gauze should be pushed in, so that the uterus will be well distended. This should be continued till all pus has disappeared.

When the body of the uterus contains pus, either in small cavities or as it were unfiltrated through the muscle fibers, curetting and packing may be resorted to, but very great care must be taken not to use any force, for it is a very easy matter to puncture through into the

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peritoneum either with the curette or in introducing the gauze.

Hysterectomy, either vaginal or supravaginal, is indicated if the curetting fails or seems to involve too much risk.

Pyosalpinx is usually caused by some acute poison and begins with symptoms like any other inflammation. The tube is not only inflamed over its mucous surface but the whole substance of the tube is involved, including the peritoneum, and this being in contact with the peritoneum of the pelvis we always have more or less of a pelvic peritonitis.

During this stage the patient should be kept absolutely at rest in bed, very scant liquid diet and bowels freely moved each day. Prolonged hot douches with hot stupes and poultices to the abdomen. Morphia should be absolutely avoided if possible. Bromide of potash and hypodermics of hyoscine sometimes help over a rough place.

The patient will seldom die during this stage, nor does the peritonitis become general, but if it should, laparotomy is indicated.

Dr. Elliot of this city cites a case in which he catheterized the tubes through the uterus, draining off the pus. I do not see that much benefit could come from the general practice of this procedure, for to be catheterized the tube must be patulous at its proximal extremity and if this were so the pus would soon empty itself. In all the specimens I have seen the tube is almost absolutely closed at the uterine end, barely admitting a small bristle and the pus could not be squeezed through.

If the tube is large and filled with pus and can be felt directly through the vaginal wall it should be emptied by puncture or incision through that channel. This procedure is very seldom available, for usually the tube is too far up to be reached with safety and usually the pus is contained in several pockets walled off in the caliber of the tube and these pockets can not be reached by the most skillful operator.

When a pyosalpinx is very large there is practically no difference between it and a pelvic abscess, or an ovarian abscess, and all should be treated alike; the difference in treatment being according to the size of the cavity and the position of the abscess.

All collections of pus in the pelvis that can be emptied through the vagina should be treated by that method. The difficulties that are encountered in this operation I will endeavor to illustrate by cases.

After determining the point of puncture the procedure is very simple but not without danger. The patient's hips are brought to the edge of the bed or table and she is placed in the lithotomy position, a nurse holding the leg on either side. The point of puncture is determined by the finger, a tri- or bivalve speculum is introduced and the puncture is made with a sharp bistoury, taking great care not to wound any of the vital parts. The incision should be large enough to insert the ends of one, or two fingers if the abscess cavity will permit.

The pus should be well drained out and the cavity flushed with a solution of hydrogen dioxide. A rubber T-shaped drainage tube is then introduced and the cavity flushed daily.

If all the pus cavities have been emptied your patient will improve rapidly and from the instant the pus is evacuated.

Segond of Paris and Bazy advocate the removal through the vagina of the uterus, leaving a large cavity in the pelvis through which all the pus may drain from the different foci.

I see no advantage in this over laparotomy. To remove a uterus so adherent must certainly be not an easy task and the risk to an adherent bowel is not small.

Every small abscess should be given an opportunity to be relieved before any of the severer operations are resorted to.

The patient should be put to bed, kept on light diet, the bowels freely solvent. If the pain is severe, electricity and hot douches are useful. Painting the vault of the vagina with iodine or ichthyol can also be done. Massage is practiced by some; but, unless the abscess is small and an old one, so that the sac is well organized, there is danger of rupture.

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Whatever method is used, the patient should be carefully watched to note the degree of improvement, or at least to see that she gets no worse.

If, after several months, the patient is not on the high road to recovery and the abscess can not be safely opened through the vagina, laparotomy should be done.

You have not lost anything by your delay, the patient being in better condition for the operation and is almost sure to make a brilliant recovery; for laparotomy, under these conditions, is a safe and sure means of relieving and curing your patient. I say safe, for I believe if the plan of treatment I have indicated is followed out, the mortality from the removal of pus sacs from the pelvis by this method will be almost nil, and the abscess being well defined after such treatment, all offending material can be removed and the patient be well after getting out of bed.

I wish to refer to three cases illustrating what can be done and the dangers of puncture through the vagina.

Lucy R., married, suffers with very great pain in lower abdomen, temperature 103° F., pulse 130.

Examination shows a large abscess pointing in Douglas's sac. A generous incision was made at the softest point and a quart of very offensive pus evacuated.

A T-shaped rubber tube was introduced just long enough to protrude from the vagina. The cavity was flushed daily with a one to four solution of hydrogen dioxide.

The pain ceased after eight hours and in two months the examination showed the uterus movable but not entirely free from adhesions.

Unfortunately, I was not able to examine this patient again, but when I last saw her she was perfectly well and robust.

Mary G., married, has suffered with great pain in the lower abdomen for more than a year.

Examination shows a tumor as large as a cocoanut, just protruding above the pelvic brim. Douglas's pouch was pushed down low in the vagina and fluctuation was distinct. The tumor was irregular in shape above and adherent throughout the entire pelvis.

The usual incision was made through the posterior cul-de-sac and about a half-pint of a whitish fluid escaped. As the tumor was still *in situ*, except for the bulging in the vagina, I decided it was a multilocular ovarian tumor and that I had punctured a cyst. Laparotomy was done and two large abscesses were removed. The space I had to open into was a cavity of the perineum walled off by the abscesses and containing a partially coagulated peritoneal fluid. If I had pushed my knife up a little further I would have gone directly through an intestine.

Caroline J. entered Columbia Hospital to the service of Dr. Stone. She was suffering with great pelvic and abdominal pain and seemed to be almost *in extremis*. A large mass was found filling the pelvis and pointing to the left and a little behind the cervix.

I punctured this through the vagina and a pint of foul-smelling pus escaped. The usual tube and flushing were practiced. The improvement was very rapid, so that from an emaciated-looking old woman she became quite plump.

A few days after the puncture a small mass was detected to the right and somewhat anterior to the uterus; this was diagnosed as a pyosalpinx.

Laparotomy was advised, but the patient concluded to go home to attend to some business and did not return for two months and then was brought in the ambulance. The temperature was 105° F., pulse 150; abdomen showed general peritonitis.

I opened the abdomen and flushed with hot water. The pyosalpinx was found ruptured within the abdomen, causing the peritonitis. The patient died in about ten hours, not having rallied at all after reaching the hospital.

AN ABNORMALITY IN A PLACENTA.—Dr. Laviot presented, in *Medicine*, to the Société Obstetricale et Gynécologique, Paris, a specimen consisting of a perfectly normal placenta with membranes, but in part of the membranes he had found a fetus which had undergone partial degeneration.

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OBSTETRIC CASES INVOLVING CERTAIN MECHANICAL DIFFICULTIES.

By J. Edwin Michael, M. A., M. D.,
Professor of Obstetrics at the University of Maryland.

CASE I.— Decapitation. Seen with Dr. J. D. Iglehart. Robust young primipara. When first seen by Dr. Iglehart labor had been progressing for several hours without coming to an issue. The waters had broken and upon examination Dr. Iglehart found a hand in the vagina, the uterus much contracted, waters gone and child dead. Several attempts at version resulted in failure and fracture of the presenting arm. When seen by me the case had reached a truly critical stage. The pains were regular, frequent and powerful. The presenting shoulder was forced well down into the pelvis, the os was well dilated. Palpation showed a firmly retracted uterus, pressing firmly on its contents, head to left, dorsum anterior, small parts not palpable, no cyst tension, waters having escaped, contraction ring well up above pubis, lower segment thinned out to a perilous degree. We concluded that further attempts at internal podalic version would endanger the integrity of the uterus, already under a distinct threat of rupture. Other methods of version were of course out of the question. Decapitation was therefore selected as the proper operation. This was accomplished by the use of Braun's decapitation hook, an instrument of most unprepossesssing appearance, but of decided value. The neck being severed safely by repeated tractions and rotations of the instrument, the body was easily delivered by slight traction on the prolapsed arm. The head, from which some difficulty was expected, followed readily, the finger having been placed in the mouth and hypogastric pressure having been applied. In this case I firmly believe that had another attempt at version been made we should have had a rupture of the uterus. The dangerous thinning of the lower segment, the retraction of the uterus and the loss of the amniotic fluid had produced a state of affairs in which an attempt at increasing the contents of the womb by the introduction of the hand would have been disastrous. The case also illustrates the value of hypogastric pressure in controlling and extruding the head. The recovery of the patient was uneventful.

CASE II.— Falciform Contraction. A robust Irish primipara was pregnant of twins and in charge of an ignorant midwife. Upon the birth of the first child, which she said presented by the vertex, a fluid drachm of extract of ergot was administered. After waiting a considerable time and becoming alarmed at the delay in the birth of the second child, a call was sent to the Free Lying-in Hospital and Dr. Hargrove, then Senior Resident Physician, responded. He found the second fetus presenting by the breech, the os somewhat rigid, the child dead. Having dilated, etc., sufficiently, he brought down the feet and delivered the buttocks and trunk. The arms caught at the brim and were with some difficulty brought down. At this point the uterus became tetanic and all further attempts to deliver failed. The various methods — Veit-Smellie, Goodell, etc.— were tried in vain and every attempt to apply the forceps to the after-coming head miscarried. It was not possible to get the blade of the instrument in position. Upon my arrival I found the following state of affairs: Woman's general condition good, uterus firmly retracted over the retained head, child's neck much drawn out in the attempt to deliver. The uterus seemed to hold on to the head with the grip of a bull-dog. The examining finger passed easily into the cervix, but just within encountered a sharp, tense margin of tissue as much like a steel band as human tissue could be. The finger, even with the exercise

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of as much force as could be applied, failed to make any impression upon this constriction. I could not, with the use of any amount of force I considered safe, get the forceps blade past this band. Profound anesthesia made not the slightest impression on it. The neck had been nearly pulled in two, the jaw had been broken in the previous attempts to deliver. I worked over the case for more than an hour without having made any impression whatever upon it, so far as I could determine. I was considering the advisability of trying to incise the band when finally, by the exercise of powerful supra-pubic pressure by my assistant, Dr. Hargrove, the head was forced through the retaining band and delivered. The surroundings of the case were filthy, the midwife was dirty and ignorant and the husband drunk below stairs during the labor. As was to be expected, the case became infected and the patient was ill, but finally made a good recovery.

CASE III.— Seen with Drs. B. F. Leonard and A. Atkinson. The patient in this case was a primipara, aged 30, of very unusual physical proportions. She was about five feet, four inches in height, and weighed 280 pounds. Her mammary glands had been so enormous in size and weight that Dr. Leonard had amputated them some time before. After amputation they weighed twenty pounds, so that if she had not been delivered of those appendages her weight would have been 300 pounds. When first taken in labor Dr. Leonard, whose patient she was, had found, upon examination, a very narrow vaginal orifice and had with great difficulty been able to reach the os uteri. Only after mechanical dilatation had he been able to make a diagnosis. The thickness of the abdominal walls had precluded a successful palpation. When a sufficient dilatation of the os had been made attempts at delivery with forceps had failed. Dr. Atkinson was then called in consultation and craniotomy was decided on. This operation was successfully done so far as perforation and crushing of the head were concerned. Delivery, however, could not be accomplished. I was then added to the consultation and requested to bring instruments for delivery. Upon my arrival chloroform was again administered by the patient's mother, a task which she carried out with such an exhibition of coolness and judgment as I have seldom seen in a non-professional person. Sufficient dilatation and indeed laceration of the vagina had been produced in the former attempts at delivery, to allow me plenty of room. I applied the crushing blades of Tarnier's basiotribe easily, but was unable to accomplish delivery, the blades slipping off as fast as I put them on. The vault of the cranium had been crushed and partly removed and the mechanical conditions were such that such traction as I could make would not bring down the fetus. The night was extremely hot. My confrères had about completely exhausted themselves. My own efforts were beginning to express themselves in a perspiratory form. With much chagrin I finally had to admit that I could not deliver with instruments. I then addressed myself to internal podalic version. With a patient who was a veritable mountain of flesh, whose abdominal fat prevented any material aid from the external hand, this was no easy task. Having gained entrance to the uterine cavity with my left hand I grasped an arm. Its size left little doubt in my mind that it was a leg. Not willing to trust to size alone, however, I followed it down to an extremity and was astonished to find a hand. My hand and arm were much compressed and beginning to weaken. Finally, however, grasping a foot, I sought to bring it down, and succeeded after what might legitimately be called Herculean labors. The uterus was firmly retracted, the waters had long ago escaped, the immense fetus was wedged down tight and the external hand was practically useless. A fillet being attached to the foot, the other foot was found and brought down. At this point I felt that I had conquered the mechanical difficulty in the case and took a short breathing spell. Both feet being now included in the fillet, as the uterus made no progress in expelling the fetus, I

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made a powerful traction and made but little progress. Gaining little by little, however, the body came down until the shoulders became engaged. Then the arms went up and another problem had to be solved. With the body of an ordinary fetus, in the birth canal it is usually no very easy matter to bring down the arms. In this case it was almost impossible. I finally succeeded, however, just as I had about determined to dismember the child and remove it piecemeal. The child was a male and the largest I had ever seen. Minus brain, all of which had been removed, and a large part of the skull, it weighed thirteen pounds and a half. Its length could not be taken on account of the loss of so large a part of its skull, but it was rather short. In fact in regard to its proportions, it was a counterpart of its mother. This task required about an hour and three quarters of the most severe muscular exertion that I have ever found it necessary to use in any medical or surgical act. The patient was naturally exhausted, as were all concerned, but she soon revived and made a recovery, which was free from any alarming complication. The perineal laceration was considerable, but in my opinion quite excusable.

CASE IV.—Seen with two physicians who shall be nameless. Young negress about 22 years of age. Of very small stature; had been in labor about four days. Waters broke three days before I was called. Attempts to apply forceps had failed and efforts to turn had left two hands and a foot at the brim. Patient very weak, with hot, dry skin, feeble, rapid pulse, slight delirium and every evidence of exhaustion. Temperature not taken. A nasty brownish, fetid discharge issued from the vagina. Upon examination, besides presentation of two hands and a foot, it was discovered that we had to deal with a flattened pelvis with a conjugate of less than three inches. Palpation showed head in left flank, with crackling bones, indicative of the fact that death had occurred some time previously. It was evident that the patient's condition would admit of no delay; in fact her death was practically a foregone conclusion. I did not think it wise to send for instruments for dismemberment. I had been called from the University Hospital and did not have my obstetrical bag with me and thought I could force the softened head through the contracted pelvis. Turning was no easy task, although one foot was in reach. The uterus was firmly contracted, the fluids gone, the child firmly impacted by previous misdirected attempts at version, and epidermis of the extremities soft and loose; I succeeded, however, finally, in bringing down the pelvis, trunk and arms. Then by the use of most positive supra-pubic pressure the softened head was squeezed through and the woman delivered. After delivery the head showed plainly the imprint of the sacral promontory and was mashed in such shape as would, I think, have been fatal to living child, even if it could have been delivered at all after the manner used. The uterus and vagina were douched with a sublimate solution. The woman died a few hours after delivery. This case illustrates better than any with which I have come in contact the necessity of careful examination of the pelvis before labor and at the onset of labor. A most superficial examination of this case would have shown the danger ahead and warned the accoucher to be prepared for it. It is not proper at this time to discuss the various methods of meeting the dangers of contracted pelvis of various grades, but the accurate knowledge of the difficulties which lie before us is the only basis on which we can act. To allow a woman with a conjugate of less than three inches to lie in labor until her child dies and she is moribund presupposes a degree of obstetric ignorance at which one is surprised and shocked. And even in the absence of knowledge of the means by which such information may be obtained, one would suppose that in a case where no progress is made and all attempts at operative interference fail, a consultation should be called. The case also illustrates in a very forcible manner the extreme value of supra-pubic pressure as an aid to delivery when *vis a fronte* is

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not capable of reaching the desired end.

CASE V.—Dr. Billingslea. Mrs. C., aged 40. Something over a year ago had shown such symptoms of kidney trouble during the latter part of her first pregnancy that artificial delivery had been determined upon and successfully accomplished. Pregnant about eight months. Organic heart lesion demonstrable. Amblyopia marked. Dr. Murdoch had already diagnosticated albuminuric retinitis. Headache with tendency to coma. Pulse irregular and somewhat feeble. Albumen in urine in large quantity. We put her on eliminative treatment at once. In twenty-four hours not only was there no evidence of improvement, but the comatose tendency deepened and the blindness increased. It was evident that we were losing ground and we concluded that rapid delivery would be our only chance. Manual dilatation and *accouchement forcé* was the plan decided upon. Under chloroform and with strict antiseptic precautions, a finger was passed with some difficulty through the os. Then a second finger. Finally four fingers, the os yielding steadily, but slowly. At this point Braxton Hick's bi-polar version was easily accomplished. The feet being caught, the membranes were ruptured and the legs brought into the os. So far things had gone as well as could be expected. Here, however, set in a state of affairs which gave us much trouble. The os assumed a rigid, tetanic quality which absolutely hindered further progress. The margin presented a rigid, hard edge comparable to a steel band upon which the fingers of the operator had little or no effect. It was absolutely unyielding. After many exhausting and somewhat forcible efforts which gained nothing, I determined to make multiple incisions in the cervix. With a curved, probe-pointed bistoury laid flat on my finger, during the introduction, I incised the cervix in many places. With the powerful space thus gained, the child again began to advance under traction by fillet fastened to the legs. The trunk and upper extremities being delivered, the cervix again contracted around the neck, and it was only by the use of the most vigorous traction together with the Veit-Smellie method of extraction and supra-pubic pressure that the dead child was delivered. It had been alive at the beginning of the operation and but for the tetanic behavior of the womb, would have had a fair chance for life. The recovery of the patient was prompt and uneventful although of course her organic heart and kidney lesions remained a source of trouble and apprehension.

CASE VI.—With Dr. Hill. Mrs. L., aged 21. Primipara. Dr. Hill had recognized a presentation of the face R. M. P. and asked me to see the case with him. Dr. J. M. Hundley kindly assisted in the case and agreed to the diagnosis. As no descent had been made we concluded that manual substitution of vertex for face presentation ought to be attempted. Under chloroform and with antiseptic precautions this was easily done, the result of a very simple manipulation, pushing up the chin and bringing down the occiput being to reduce the presentation to L. O. A. This being done, it was a question as to whether we ought to deliver with forceps or leave the case to nature. We concluded to resort to forceps, since the patient had already suffered a good deal, showed some signs of exhaustion and was already anesthetized. We expected no difficulty whatever. The Tarnier instrument was easily adjusted and traction begun. Under the exercise of but moderate power the instrument slipped off. I was surprised, as this is not the usual behavior of the instrument. Adjusting it again with special care, I again began traction and was again chagrined by the instrument slipping. After many failures, the head stlll being high and having made no progress, we determined to try version. With little or no difficulty this sometimes trying operation (internal podalic) was successfully done and a dead fetus delivered. I was then and am still at a loss to account for the fact that the forceps would not remain fixed on the head. They were easily and well placed. In fact we apprehended no difficulty whatever, but could not deliver

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with the instrument. The ease with which delivery was accomplished made me think very seriously in regard to the procedure so strongly advocated by some of always resorting to version when a face presentation with posterior chin is recognized before much or any descent has been accomplished, and I am inclined to the opinion that if I had a similar case to deal with I would act on that principle.

CASE VII.—Case in the out-patient department of the free Lying-in-Hospital in charge of Drs. Utley and Arthur. Colored primipara, aged about 20. Lateral plane presentation, arm in vagina. Dr. Arthur called by students in charge of the case. Dr. Arthur turned without difficulty and brought down the arms. The head, however, caught at the brim. The uterus was not tetanic. but the head was large. Dr. Arthur having failed to deliver called Dr. Utley from the Hospital and the latter, after repeated efforts to deliver manually or by forceps to after-coming head, called me and my chief of clinic, Dr. K. B. Batchelor. The child was dead long before our arrival. The head was firmly impacted in the pelvis, occiput at symphisis, and chin in the hollow of the sacrum, brow impinging on posterior margin of brim. Wishing to avoid craniotomy, although the child was dead, we determined to try delivery by traction, rotation and the Veit-Smellie plan, supplemented by supra-pubic pressure. At first both Dr. Batchelor and myself could make no impression and we began to think craniotomy would be necessary. Finally, however, I making traction by the legs and jaw of the child and Dr. Batchelor making very vigorous pressure over the hypogastrium, the head passed the brim and was easily delivered at the inferior strait. Notwithstanding filthy surroundings and much manipulation the case resulted most successfully for the patient. The carefully kept chart showed no temperature above 99° F. and recovery was prompt and complete.

THE EVILS OF NIGHT WORK FOR CHILDREN.—Sir James Crichton Brown, speaking on the subject of pursuing young children with lessons into their home life, says: "It seems to me high time for a declaration of rights on behalf of hepless children, and on behalf of future generations also, whom, if we are not careful, we shall load with a burden more grievous than the national debt—a burden of degeneration and disease. I trust that some one of my medical brethren will bring this subject to the front and obtain an emphatic condemnation of 'home work' in the case of children under twelve years of age. I have encountered many lamentable instances of derangement of health, disease of the brain, and even death, resulting from enforced evening study in the case of young children, with the nervous excitement and loss of sleep which it so often induces, and I am fully persuaded that even when it does no perceptible injury to health, it is inimical to true progress. To pursue young children with lessons into their home life, and those hours when they should be roaming fancy free, is to embitter their existence and that of their parents, and to endanger their symmetry of growth. It is indisputable that evening work by artificial light is peculiarly detrimental to vision and conducive to that short-sightedness which is increasing amongst us so rapidly, and that it tends more than day work to cause deformity of the spine."

* * *

STERILIZATION OF CATHETERS.—Dr. Kutner (*Druggist's Circular*) advises exposing catheters to the action of hot steam as an efficient means of sterilization. Before one is introduced into the bladder an irrigation of the urethra must be made. For this purpose a four per cent. solution of boric acid is to be recommended. As a lubricant a borated glycerine he has found most serviceable. This is prepared by adding 146 grammes of anhydrous glycerine to 150 grammes of a four per cent. solution of boric acid; boric acid is then added to saturation.

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GREEN GOODS.

READ BEFORE THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, JUNE 9, 1895.

By John B. Donaldson, M. D.,
Canonsburg, Pa.

THE green goods man who meets the unsophisticated granger at Jersy City, and adroitly manages by showing him a pile of paper with one good bill on top, and in return for this worthless trashs gets his little pile of hard earned cash, is not more subtle and designing than the medical sharp, generally a third rate graduate of some fourth class medical college, who hesitates on the brink of legitimate practice with its hard work and tiresome wait for a living, and prefers the more exciting life of the traveling man.

With his little knowledge of medicine brightened up on his specialties, he is able in a short time by practicing his little speech to so impress us country doctors with the idea that we are completely obsolete, and we wonder how in the world we ever managed to get along at all without the articles which this our benefactor brings right to our office, and is willing to sell to us so cheap or on such reasonable terms that we cannot well afford not to have them.

He will even take our note, which flatters us, as no one about home cares to do that, promising to accommodate us with an extension when due if not suitable to pay, but we speedily receive notice from the bank that it has been left for collection with costs.

Beware of him, youn gman, or ere you have arrived at years of discretion, he will have your back office littered so full of useless trash that you will be compelled to do as a friend of mine has done. He has built a large case covering one side of his office, in which he has stored the accumulation of a quarter of a century and calls it his green goods case.

With much self satisfaction he pilots each new green goods agent into this room and shows him his hoard. Then politely explaining to the astonished agent that it is impossible for him to build greater cases and thus store more goods, he bows him out.

It took my friend twenty-five years and hundreds of dollars to arrive at this happy climax. That you may be able to circumvent this fiend is my object in reading this paper, but I fear I shall fail, for he is as cunning as the serpent, and we — well, human nature is so weak.

He always flatters us about our splendid prospects or our being the leading man in the town, and of course we cannot be behind Dr. So-and-So, who did not hesitate to buy one on sight.

And then he always comes around with testimonials and copies of orders from the noted physicians and professors from the great medical centers. That settles it. We give our order and can hardly wait for an opportunity to try our wonderful acquisition. A case finally comes and the blamed thing don't work at all, or not as it did for the skillful agent. Then we swear off on all agents until the next time.

As to the above mentioned professors, I often wonder where they find room to store their accumulations of green goods, for of course they buy them. Does not the agent say so? And of course they do not get them for nothing in return for the testimonials by which we are hoo-dooed.

The twenty-five year green goods case to which I refer contains an array that helps to dazzle the eye of the rustic and impress him with the wonderful knowledge of his doctor, but the game is not worth the ammunition.

I am not able from memory to give you a full inventory of this miraculous case, but will attempt it and if I mistake not each one of you as I read will find duplicates of many articles men-

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tioned, and I also predict that all will not be found in the offices of the country doctor, but our more polished and astute brother of the city will be found to be particeps-criminis.

First it contains a set of patent splints alleged to be suitable for every possible fracture of the human frame, but never known to suit any case. You always throw them aside and make one. Next comes that expensive fad in medicine about which none of us knows any too much, and we reaort to after exhausting the U. S. Pharmacopea — electricity. Batteries until you cannot resist. Batteries with wet cells, batteries with dry cells and batteries with no cells, but all of them sure to be out of order when your best paying nervous patient puts in an appearance for treatment.

Electricity is like woman in many respects, subtle, and just when you think you have her, it is gone and you cannot tell what's the matter.

But I must hasten on. Atomizers that cease to atomize after one or two usings, and vaporizers that never did vaporize, occupy an entire shelf; rubber goods long since dead and brittle from age, among which is found the ten dollar obstetrical bed-pan, that after two or three cases smells to Heaven, and calls up the ghost of old Anti-septis himself. These are on the list.

Combined surgical engines intended to aspirate any cavity in the human anatomy or wash out and irrigate stomach, bladder, uterus or frontal sinus, are found but long ere this have ceased to be able to pump water out of a bucket.

Obstetrical forceps made in shapes and forms that surely it would be no sin to worship. These in half dozen lots intermixed with gleaming speculums intended to view the interior regions, make a formidable array.

Abdominal supporters, ankle braces, bandage rollers, breast pumps, catheters, club-foot shoes, cupping glasses, dilators, douches, gags, inhalers, knot tiers, knock-knee apparatus, lancets, microscopes, milliampèremeters, nozzles, ophthalmoscopes, otoscopes, percussion hammers, pessaries, pile pipes, pocket batteries, repirators, scarificators, snares, stethoscopes, stomach pumps, stop cocks, stricture cutters, spinal braces, syringes, trumpets, trusses, water bags, wire cutters and wry neck apparatus, ad infinitum.

I never admired anyone so much as the green goods man, who in less than five minutes sold me a set of throat speculums. I have been looking for him ever since. When in his mouth I could see everything plainly from the orbicularis oris almost to the umbilicus, but every single patient I ever tried it on from that day to this ended in retching to such an alarming extent that I was glad if the anus retained its normal location.

But my time and your patience forbid that I should pursue this painful subject further, and I have but touched on a list that might contain many semi-patent appliances and remedies that are literally forced on us unsophisticated medical men.

In conclusion, young man, be patient. After many years you will gain wisdom, also a large stock of medical green goods, which your administrators will sell to the junk shop.

But one other solution occurs to my mind at present — buy a gun.

EXCISION OF THE KNEE-JOINT.—Jonathan Hutchinson (*University Medical Magazine*), in writing on excision of the knee, makes use of these words: "Excision of the knee-joint has, I believe, with many surgeons fallen into almost complete disuse." He had four cases in private practice. Of these one died of tetanus, but the other three recovered with firm anchylosis. He states that this is the complete record of his private cases; and he offers it as a valedictory contribution, for it is thirteen years since his last case, and he states that it is not likely he will ever do another; nor, perhaps, is it probable that complete excisions of this joint will ever again come into professional favor. It may serve, at any rate, to counteract any future tendency to speak depreciatingly of the final results of complete excision of the knee.

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SOCIETY REPORTS.

THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD APRIL 6, 1895.

Dr. D. O. Leech reported a CASE OF DIPHTHERIA TREATED SUCCESSFULLY WITH ANTITOXINE. The patient was a female, 2 years old. Schering's solution, 5 c.c., was given, followed by improvement. In twenty-four hours the injection was repeated, and was followed by a slight rise of temperature, but next day the temperature reached almost normal point again. A bacteriological examination was made between the first and second injections. Iron and potassium chlorate were used locally and constitutionally. Recovery at this date seems to be certain. The Klebs-Loeffler bacilli are still to be found in the cultures, four weeks after the beginning of the attack.

Dr. Dillenback saw two cases in his own practice treated with antitoxine. Six hours after the first injection of 10 c.c. improvement followed. This one injection was all that was used in each case.

Dr. Bowen read his paper, PUERPERAL ECLAMPSIA WITH PLACENTA PREVIA.

Dr. D. O. Leech opened the discussion; he said that such cases were so rare that he had found no such complication recorded. He had seen but one case of placenta previa in his own practice. In this case tamponing of the vagina was followed by high forceps operation. The child was born dead but the mother made a good recovery. He doubted if Dr. Bowen's case was one of puerperal eclampsia from uremia. Can placenta previa be diagnosed before the finger can be inserted into the os uteri? He thinks this would be difficult. Were there sufficient indications of placenta previa prior to the dilatation of the os? He thinks there were, although the positive point is the recognition by the finger. He thought the expectant plan of treatment in such cases was proper. The occurrence of puerperal eclampsia without any urinary derangement is rather doubtful.

Dr. Beatty saw no reason why the expectant plan in such cases should not be advocated, as it must be the popular idea among most of us. He had the misfortune to meet with two cases in his own practice, used the expectant plan of treatment with good results to mother, but both children died. Placenta previa occurs among our dispensary patients as a rule, and midwives often deliver such patients without the assistance of a physician. They do not seem to be frightened by hemorrhage occurring during labor. He thinks that Dr. Bowen might possibly have saved the child. The occurrence of convulsions with placenta is hard to explain in Dr. Bowen's case, as he found no kidney derrangement, and of course it could not have been uremic.

Dr. Mackall cited a case of puerpural convulsions in which the child was delivered after six or seven convulsions; no albumen was found in the urine.

Dr. Dillenback read a paper entitled ATRESIA OF CERVIX UTERI IN A PREGNANT WOMAN.

In the absence of Dr. Glazebrook, Dr. Snyder was requested by the chair to open the discussion. He said he could scarcely understand how such a condition could be caused. The treatment by incision of the cervical portion of the uterus was good, but he would have been tempted to make an abdominal section.

Dr. Dillenback said in regard to Dr. Snyder's query as to the amount of ulceration about the cervix, and its subsequent condition, he found no difference from an ordinary lacerated cervix uteri. He thought that if he had diagnosed the case at his second visit he might have delivered a living child.

He does not agree with Dr. Snyder in regard to the abdominal section; incising the cervix seems to be both rational and easy, while it is much safer than section. In his case the cervix seemed to be obliterated from pressure, as the patient had been in labor fifteen hours. When the incision was made he did not know whether or not he was making the incision at the seat of the os uteri.

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Dr. Snyder remarked that he was surprised that the cervix returned to its normal condition after the os had been so completely obliterated.

Dr. Dillenback thought they were lucky enough to make the incision in the line of the cervix uteri, because it did not tear, but seemed to dilate in the natural way. Subsequent treatment was used and the uterus washed out and applications made, showing that the opening was made at the natural site.

R. T. HOLDEN, M. D., Secretary.

MEDICAL PROGRESS.

INFLAMMATION OF THE UTERINE APPENDAGES.—Dr. Augustin H. Goelet of New York read a paper on this subject at the recent meeting of the American Medical Association at Baltimore, in which he stated that the contention was not that these inflammations of the tubes and ovaries can always be cured but that it is frequently possible and, unless immediate operative interference is absolutely demanded, the patient should be given the chance and the attempt should be made before submitting her to a radical operation. This he thought particularly important since treatment directed toward attaining this end did not militate against a subsequent operation for their removal should it become necessary, but, on the contrary, improved the chances of an ultimate successful result. He called attention to the fact that when once removed these organs cannot be replaced, and asked the question if it was not a serious error, in the light of recent developments in the etiology and pathology of the inflammations of the appendages, to remove these organs without previous attempt at a cure or removal of the cause which may be operating to maintain such condition. It may be denied that diseased tubes and ovaries are removed unnecessarily, but it must be admitted that they are too often removed for disease which is amenable to patient and persistent treatment, or which may be cured by a minor surgical operation, involving no risk, such as currettage or repair of a lacerated cervix. If these cases are submitted to careful treatment instituted for the purpose of clearing up the surrounding exudation and favoring drainage through the natural channel (the uterus) in many instances the necessity for a radical operation would be removed and the woman restored to a life of usefulness and happiness. In corroboration of these views he reported twelve selected cases which had come to him from the gynecologists who believed that removal of the diseased organs was the only method to be adopted for restoration of their health, yet these patients recovered completely without the loss of these organs. The writer stated that these were not the only cases with such an unfavorable outlook which he had been able to cure in this manner, but they had been selected from among a number of others because they had consulted other gynecologists before they came under his observation.

* * *

ON THYROID TUMORS.— Dr. Alfred Square Cooke has reported in the *British Medical Journal* notes on three cases of operation on the thyroid gland, in which he says :

As the result of my experience in these cases I would suggest that the observation of the following seven rules would greatly facilitate the successful completion of an operation :

1. Give chloroform as ether engorges the already enlarged veins.

2. Observe scrupulous cleanliness, have plenty of assistance, and many forceps and ligatures handy.

3. Take plenty of time.

4. After exposure of the cyst use only directors and fingers for dissecting, and keep close to the cyst wall.

5. Keep the fingers and wound moist with an antiseptic solution sufficiently weak not to irritate the sensitive and important nerves sometimes exposed, and, as far as possible, keep the parts in their normal position.

6. Partially evacuate a large cyst before removal to assist the later stages of the operation.

7. Insert a small drainage tube before sewing up for fear a collection of serum

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should press upon and occlude the trachea.

The possible dangers which must be kept in mind and guarded against are three in number; they are:

1. Wounding of large distended vessels.
2. The wounding of large nerves.
3. Cellulitis after operation.

The after-treatment is quite as important as the operation. It also might be summed up under three heads:

1. Dust the wound with antiseptic powders and apply gentle but firm pressure with a pad of antiseptic wool over the cavity left.
2. Keep the head and neck absolutely at rest for some days by pillows, sand bags or splints.
3. Keep a careful watch that no retained serum causes pressure upon the trachea.

I consider that the following are the indications that the tumor needs removal.

1. If the tumor be steadily increasing in size.
2. If there be troublesome pressure upon the trachea, esophagus or nerves.
3. If the tumor be so placed as to render impossible a possible necessary tracheotomy.
4. If the patient strongly urge its removal because of its unsightly appearance, or its interference with the movements of the head.

* * *

BROUARDEL ON THE MEDICAL PROFESSION.—One of the great questions of the day undoubtedly is, What shall we do with our sons? In the profession with which we are more immediately concerned there are at the present moment close on 33,000 gentlemen with British qualifications practicing the science and art of medicine in all parts of the world, but chiefly within the narrow limits of our own small island. The plethora of *alumni* in our schools is truly alarming, and yet we have cause to congratulate ourselves that matters in this respect are not so bad with us as they are elsewhere. In the United States, for instance, the medical student roster last year was said to contain no fewer than 38,850 names, being an augmentation of more than 5500 since 1892. In France the overcrowding of the medical schools is also excessive, but in this connection we cannot do better than quote the remarks delivered by Professor Brouardel at a recent meeting of the Association des Médecins du Département de la Seine: "Two years ago I drew your attention to the fact that the number of medical students was increasing rapidly. The augmentation still continues unabated. In all the French faculties our future *confrères* are now twice as numerous as they were ten years ago. The same kind of thing is going on in Germany and likewise in England. Various causes have been invoked in explanation of this state of affairs; many people thought that the law regulating military service was to blame in the matter. There is no reason whatever for this supposition. The laws have not been altered in Germany or in England, and yet the rate of progression remains the same. In France the female midwifery candidates, who have nothing to do with military service, have doubled their numbers in the last five years. For my part I am convinced that it is the publicity accorded to the achievements of science which is responsible for the illusory ideas entertained by heads of families. Day by day in their newspapers they see the great importance that on all sides is attached to public health, civil and military, and logically enough imagine that the persons charged with the solution of the great problems involved receive a proportionate compensation. They conclude that their offspring will derive both honor and profit while pursuing this grand career. They would be much astonished if anyone were to point out how the efforts we make to render houses wholesome, to root out epidemics, to improve medical charities, all have the effect of narrowing more and more the field wherein the medical man was formerly wont to garner a meagre harvest. Now, in ten years' time the number of reapers will have doubled. If the number of medical men has doubled, the number of unsuccessfal practitioners will have increased threefold."

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, JULY 13, 1895.

The New Insane Asylum.

MORE than a year has elapsed since the legislature of Maryland granted an appropriation for the purpose of establishing a new asylum for the insane of this State. The importance of increasing the accommodation for the insane had been represented to previous legislatures, but to no avail. At a meeting of the State Medical Society held at Annapolis a year ago last November, the subject was brought up and discussed, and a committee appointed to urge the legislature to make better provision for our insane.

The medical profession throughout the State became interested in the question and it was largely due to this influence, backed by the intelligent interest of the Governor, that a bill was passed granting an appropriation. After a long interval a board was appointed, and the first mistake was made here in not putting on that board some physician who was conversant with the needs of the insane in this State, and who was interested in their welfare. More than this it would have been wise to have put on this board some one who possessed a knowledge of asylum construction and an experience in asylum management.

The board lacking this important element, delayed long before it organized, and has delayed longer since. This board certainly cannot be conversant with the deplorable condi of the insane in this State. The county almshouses have hundreds of insane that should be under State control, and the regular asylums are crowded to overflowing. This last statement is literally true, for at Bay View Asylum there are a number of insane in the almshouse department that should be in the asylum. Of course it is important that the farm purchased for the use of the new asylum shall be a good one, and it has been rumored that our Farmer Governor was waiting until the crops would show what the land was. We trust he is not waiting to see the bloom upon the aloe, or for a rise in the price of wheat.

The delay has been inexcusable. The construction should have been begun by this time, and then the profession could have gone before the next legislature for an additional appropriation to complete the work. If the gentlemen composing the board of the New Asylum only realized the condition of our unfortunate insane they would hasten, by every means in their power, the purchase of the farm and the construction of the buildings.

* * *

Summer Diarrhea.

THIS is the season of the year when summer diarrhea and digestive troubles are frequent, especially among children, and prompt and effective must be the treatment to be of benefit. The strongest adult may be suddenly stricken down with the usual symptoms of pain, vomiting and diarrhea, which reacting on a weak or a diseased vascular system may bring on the fatal end speedily.

If there is an offending substance in the gastro-intestinal canal the sooner the canal is emptied the better. Purgatives should be prompt and emetics quick and powerful. Warm water, mustard and water in an adult, will promptly expel most of the stomach's contents while a large enema will empty the lower bowel and make room for such food as has passed into the intestinal canal from the

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stomach. As soon as the stomach can stand it, castor oil, with a little laudanum to prevent griping, should be given in capsules to hasten on the peristaltic action and sweep out the intestines.

After this, rest is indicated and nothing should be put into the stomach. Water will be demanded but it should be positively prohibited, for it will induce vomiting and cause great gastric pain which a strong mustard plaster will hardly counteract. Bits of cracked ice may be allowed to melt in the mouth and if there is much heart weakness a little brandy may be poured over a teaspoonful of cracked ice. At this stage nature will usually do her part and little or no medicines are indicated.

There is a great inclination to give opiates, especially hypodermic. This is usually bad practice unless the pain is so severe that nothing else will control it and then a very small dose should be administered. Anything that tends to lock up the secretions before the offending substances have been removed from the body should not be given. Whatever medicine may be given internally should be in the form of very small powders on the tongue or in drop doses of some of the more powerful tinctures.

No fixed rules can be laid down for the treatment of these disorders in adults or in children and the many friends and relatives who love to collect around the bed and offer their abundant sympathy will confuse any but the firmest physician and such persons should be firmly but politely asked to leave and the case should be put into the hands of one good nurse or a member of the family who will faithfully carry out the directions of the physician without interference on the part of meddlesome friends and relatives.

These indefinite directions should be of assistance in the many cases of indigestion and cholera morbus that are so frequent at this season of the year.

* * *

Nocturnal Enuresis.

TO KEEP young children from wetting the bed at night has been a problem which mothers and physicians have in vain tried to solve. Whippings are in vain and drugs are not reliable in all cases. There must be a reason for this accident and some explanation why older children and adults do not suffer from it as a rule. The greater control of the sphincter of the bladder in older persons cannot altogether explain this, nor can the greater acidity of the urine, or the size of the bladder in the young, satisfy those seeking the cause of this trouble.

Stumpf, who has an article in the *Munchener Medicinische Wochenschrift* as quoted in the *Boston Medical and Surgical Journal*, gives an account of a simple and apparently rational expedient which he has successfully adopted in the treatment of bed-wetting in children. He believes that the passage of even a few drops urine through the sphincter vesicae excites the action of the detrusor to such an extent that the desire to pass water becomes almost imperative. Every one knows how difficult it is to restrain the flow after the first few drops have passed out. His theory is that during the sleep of children the sphincter becomes relaxed and in the horizontal position a little urine enters the urethra. The irritation from these few drops causes the sphincter to let go and the urine is voided in a good stream.

The fact that the urine passes in sleep in a full stream and not gradually helps to support this theory. To prevent this accident the author advocates elevating the position of the pelvis so that the accumulation of urine in the bladder will gravitate back to the fundus and not press against the sphincter and try to pass it. This may not be an altogether comfortable position for the child and it may not be a position which can be held by all children, but he has found it successful in several cases and in two inveterate cases which had resisted all other treatment.

In twelve cases he found it uniformly successful. It had to be continued for three weeks or more, when the cure was complete. The amount of fluids taken at bedtime need not be limited nor need the children be awakened during the night to pass water. The difficulty of keeping the more restless ones in this position is the principal point. This method has the merit of being very simple and recommends itself to those persons who have tried all other means without any amelioration.

This position is called in abdominal operations the Trendelenburg position and may have its field of usefulness extended to children.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 6, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		8
Phthisis Pulmonalis		22
Measles	39	2
Whooping Cough	1	1
Pseudo-membranous Croup and Diphtheria	10	4
Mumps		
Scarlet fever	11	2
Varioloid		
Varicella		
Typhoid fever	2	2

Dr. Allan McLane Hamilton of New York is practicing in London for the summer (May, June and July) at No. 14 Chesterfield Street, Mayfair.

The first number of the *Archiv für Verdaungskrankheiten*, under the editorship of Dr. J. Boas of Berlin, has appeared. A similar publication is spoken of in America.

As Dr. A. H. Buckmaster has removed to the University of Virginia, Dr. J. D. Emmet will assume alone the editorial duties of the *American Gynecological and Obstetrical Journal.*

At the last Annual Commencement of Georgetown University, Washington, D. C., the degree of LL.D. was conferred on Dr. Ernest Laplace, Professor of Surgery in the Medico-Chirurgical College of Philadelphia.

At the recent meeting of the American Neurological Association held in Boston the following officers were elected for the ensuing year: President, Dr. F. X. Dercum of Philadelphia; Vice-Presidents, Dr. George J. Preston of Baltimore and Dr. C. E. Riggs of St. Paul; Secretary and Treasurer, Dr. G. M. Hammond of New York.

That very progressive medical journal, the *Medical Record* of New York City, is about to increase still further its facilities by adding to the number of its pages. Drs. Shrady, Stedman and the rest of the staff have succeeded in bringing up the small journal which was started many years ago to the leading medical journal of the world.

At the meeting of bacteriologists held in New York last month the following committee was appointed: Professor W. H. Welch, M. D., chairman; Professor W. Sedgwick, Ph.D.; Professor Theobald Smith, M. D.; Professor T. M. Prudden, M. D.; Professor J. G. Adami, M. D.; George W. Fuller, S. B.; Professor A. C. Abbott, M. D.; Professor V. A. Moore, B. A., M. D.

At the meeting of the Medical Society of the State of Pennsylvania held at Chambersburg, the following officers were elected for the ensuing year: President, Dr. W. S. Foster, Allegheny county; Vice-Presidents, Dr. John Montgomery, Franklin; A. P. Hull, Lycoming; T. H. Shapnack, Green; A. B. Brumbaugh, Huntingdon; Secretary, W. B. Atkinson, Philadelphia; Assistant Secretary, A. L. Stevens, Bradford.

At the quarterly meeting of the State Board of Health of Maryland held this week, Secretary James A. Steuart reported that six deaths occurred out of the 37 cases of smallpox in Middleburg in April; 28 cases were colored and 9 white. The deaths all occurred among the colored cases. Of those treated but one had been vaccinated. The expense to the county will be about $3000 and to the State about $4000. Dr. Steuart urges the organization of a Board of Health for Charles county.

It is with great regret that the death of Dr. James Brown of Baltimore is recorded. Dr. Brown was graduated from the University of Maryland in 1875 and had a wide reputation as a genito-urinary surgeon, which was his department at the Johns Hopkins Hospital. Dr. Brown had been unwell for some time and became accidentally infected in performing a surgical operation which, together with a pulmonary affection, brought on an unexpected end. By a curious coincidence his elder brother, Dr. Thomas R. Brown, also died from a wound infection received during an operation. Many years ago Dr. James Brown lost his eye from gonorrheal ophthalmia from an accidental infection during a faithful attendance on a case of gonorrhea. He was one of the most skillful manipulators in his branch and the ease with which he could catheterize the ureters in the male was simply marvelous. His death is a great loss to the profession and to the Johns Hopkins Hospital.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending July 8, 1895.

Leave of absence for two months, to take effect upon his relief from duty at Fort Yellowstone, Wyoming, is granted Captain C. M. Gandy, Assistant Surgeon.

Leave of absence for one month, to take effect upon his relief from duty in the Department of the Colorado, is granted Lieutenant Colonel David L. Huntington, Deputy Surgeon General.

Leave of absence for two months is granted Captain Charles B. Ewing, Assistant Surgeon.

UNITED STATES MARINE SERVICE.

Fifteen days ending June 30, 1895.

George Purviance, Surgeon, to proceed to Delaware Breakwater Quarantine as Inspector, June 19, 1895.

John Godfrey, Surgeon, detailed as Chairman Board for physical examination candidates Revenue Cutter Service, June 17, 1895.

Fairfax Irwin, Surgeon, detailed as Chairman Board to consider necropsy reports, June 15, 1895.

H. R. Carter, Surgeon, granted leave of absence for fifteen days, June 24, 1895.

C. E. Banks, Passed Assistant Surgeon, detailed as member Board to consider necropsy reports, June 15, 1895. Detailed Chairman Board for physical examination candidates Revenue Cutter Service, June 19, 1895. Detailed Chairman Board for physical examination of officers, Revenue Cutter Service, June 27, 1895.

J. J. Kinyoun, Passed Assistant Surgeon, detailed as member Board to consider necropsy reports, June 15, 1895.

G. B. Young, Passed Assistant Surgeon, granted leave of absence for thirty days, June 19, 1895.

B. W. Brown, Passed Assistant Surgeon, detailed as Recorder Board for physical examination officers, Revenue Cutter Service, June 27, 1895.

M. J. Roseman, Passed Assistant Surgeon, detailed as Recorder Board to consider necropsy reports, June 19, 1895.

J. A. Nydegger, Assistant Surgeon, granted leave of absence for five days, June 19, 1895.

W. J. S. Stewart, Assistant Surgeon, detailed as Recorder Board physical examination candidates, Revenue Cutter Service, June 19, 1895.

Rupert Blue, Assistant Surgeon, detailed as Recorder Board physical examination of candidates, Revenue Cutter Service, June 17, 1895.

Emil Rochazka, Assistant Surgeon, granted leave of absence for twenty-six days, June 27, 1895.

BOOK REVIEWS.

SYSTEM OF SURGERY. Edited by Frederick S. Dennis, M. D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College; President of the American Surgical Association, Member of the German Congress of Surgeons, etc. Assisted by John S. Billings, M. D., LL. D., D. C. L.; Deputy Surgeon-General, U. S. A. Volume I., pp. 880. Philadelphia: Lea Bros. & Co., 1895.

One would almost think that in this age of hurry and skimming that systems of medicine and surgery would find few readers, but when such magnificent and ambitious works as this one are offered to the profession, written by the masters in the profession, there are few who would not be arrested by one part at least. To the first volume of this work twelve writers have contributed, and each one is a professor or teacher at the head of his department. In view of the ordinary ignorance of the history of medicine and surgery the opening chapter by Dr. Billings is especially interesting and timely. Drs. Councilman, Dennis, Gerster, Stephen Smith, Warren, Welch and Horatio Wood, all contribute to this volume. It is no easy task to give in a few words the scope of this work nor can the results of a critical examination of its contents be given, but when one sees the names and the subjects, the value of the book will be appreciated. The book maker has done his work exceptionally well and the illustrations, which number over four hundred, are very liberally distributed through the text.

THE BULLETIN OF THE AMERICAN MEDICAL PUBLISHERS' ASSOCIATION.

This is the opening number of the little journal which the medical publishers decided to issue monthly in their interests and in the interests of their advertisers. With the exception of a few unimportant typographical errors, it is a very creditable paper and will doubtless serve the purpose for which it is intended.

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REPRINTS, ETC., RECEIVED.

The Gross Medical College Bulletin, 1895.

University of Tennessee. Medical Department. 1895.

1895 Wholesale Catalogue of the J. Ellwood Lee Co., Conchohocken, Pa.

Treatise on Cod Liver Oil with Peptonate of Iron. Frederick Stearns & Co.

Transactions of the Colorado State Medical Society. Twenty-fourth Annual Convention. Denver, 1894.

A. C. McClurg & Co. will shortly publish "The Eye in its Relation to Health," by Chalmer Prentice, M. D.

List of Surgical Splints exhibited at the Columbian Exposition, Chicago, 1893. By Edward A. Tracy, M. D., Boston.

The Therapeutic Application of Peroxide of Hydrogen (Medicinal), Glycozone and Hydrozone. By Charles Marchand, Chemist. 1895.

Vegetable Nucleo-Toxine in the Treatment of Cancer. By J. E. Chambers, M. D., St. Louis. Reprint from the St. Louis *Courier of Medicine*.

A Study of Thirty-Nine Cases of Strangulated Hernia. By William Burton DeGarmo, M. D., of New York. Reprint from the *Annals of Surgery*.

Die Prophylaxis der Tuberculose and ihre Resultate. Von Prof. Dr. G. Cornet (Berlin-Reichenhall) Reprint from the *Berliner Klinische Wochenschrift*.

A New Method of Examination and Treatment of Diseases of the Rectum and Sigmoid Flexure. By Howard A. Kelly, M. D., of Baltimore. Reprint from the *Annals of Surgery*.

The Rio Chemical Company's Map of the World is complete and corrected up to date. Physicians may receive a copy free by mailing their address to the Rio Chemical Co., St. Louis, Mo.

Some Observations Concerning a New Test for the Detection and Quantitative Estimation of Free Hydrochloric Acid in the Gastric Juice. By Julius Friedenwald, A. B., M. D., Baltimore. Reprint from the *Medical Record*.

CURRENT EDITORIAL COMMENT.

TESTIMONIALS.

Atlantic Medical Weekly.

WHILE we have not at present positive proof, we are firmly convinced that when a physician lends his name to a laudatory advertisement of a remedy, proprietary or not, he receives a compensation of some sort, and when a clergyman allows to be published over his signature and under his portrait a letter of recommendation for some nostrum, he either receives pay for it or his desire for notoriety overbalances his judgment. In either case the act is one to be condemned.

CHEAPER MEDICAL BOOKS.

Journal of Medicine and Science.

IT is and has been for years a constant complaint that the price of medical books is exorbitantly high. And more than that, that the difference even in the bindings is exorbitant, considering the actual cost of the difference in the material with which the different editions are bound, and the extreme cheapness of binding books in any material at all. To demand an extra dollar on the difference between a cloth and the next extra binding is to put half of that price into the bookmaker's hands.

HIGHER MEDICAL EDUCATION.

Mathew's Medical Quarterly.

IT was once said that, whenever a man had a son who by the want of intellectual endowment or the absence of the proper qualifications was unfitted for a business life, the father immediately proceeded to make a doctor of him. If one will take the time to notice the class of men that have been annually graduated from even the best colleges in the United States, it will not strain the imagination much to see that this statement has a grain of truth in it. Fortunately for our pride, our self-respect and for the good of the people at large, that day has passed. It was glad tidings to the medical profession of this Union to hear the echoes from the meeting of the American Medical Association, at Baltimore, demanding a four-year course in medical education before receiving recognition in that great body as a member. The interest was made more manifest when it was announced that the American Medical College Association would require a four years' attendance before graduation.

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PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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Physicians when communicating with advertisers concerning their articles will confer a favor by mentioning this Journal.

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209 Park Avenue, Baltimore, Md.

NOTES.

GONORRHEA in married people can only be successfully treated when both husband and wife undergo treatment at the same time and during treatment cease all sexual relations.

*

IN obstinate cases of menorrhagia excellent results may often be obtained by the administration of five minims of oil of erigeron every three or four hours. It is best given in capsule or on a piece of lump sugar.

*

THE presence in the sick-room of flowers with delicate fragrance is generally beneficial. Certain colors are said to act favorably upon the nervous system. Red blossoms are stimulating, while delicate blue flowers are soothing.

*

IT is advisable, in the administration of drugs that are to be used for some length of time, to discontinue their use at intervals, or the system becoming accustomed to their influence, will refuse to respond to their action. Especially is this the case with the bromides and iodides in the treatment of chronic conditions.

*

SALICYLATE of soda is recommended as little less than a specific in acute tonsillitis. It should be given as early in the attack as possible, and in sufficient doses to cause ringing in the ears. Fifteen grains every three hours will usually cause this effect, when the dose may be diminished to ten, and then to five grains at the same intervals. It should be continued a day or two after disappearance of the fever.

PHARMACEUTICAL.

FOR the treatment of chronic nasal catarrh, Borine, on account of the stimulating and cleansing property it possesses, reduces the congestion, removes the scaly deposits, and stimulates and tones the mucous membrane to a healthy condition. In fetid rhinitis and ozena Borine destroys the bad odor and diminishes the purulent discharges. It reduces the droppings of mucous from the nose to the throat in naso-pharyngeal catarrh.

THE steadily increasing use of Bromidia by the profession in all parts of the world demonstrates its great value as a hypnotic. If human testimony is worth anything at all, then Bromidia must unquestionably be the best and safest of all sleep producers. Dr. Federico Tommasi, of Maggranico, Italy, on July 24, 1893, writes: "Although as a rule I do not approve of specialties, still when I find an ideal one, both as regards therapeutic combination and pharmaceutical preparation, easily administered, prompt and certain in action, *I value it.* Bromidia fulfills all these conditions. I have obtained especially gratifying results by its use in two cases — one, heart disease, the other, acute lumbago. In both cases it promptly relieved the pain, produced tranquil sleep, with no disagreeable after-effects."—*Memphis Medical Monthly*, June, 1895.

FRANK MCDONALD, M. D., College Physicians and Surgeons, Baltimore, Md., 1883, Supreme Medical Director W. S. of I. O. U. A., Medical Examiner Equitable Life of N. Y., Secretary Pittsburgh Obstetrical Society, etc., says: "Your Succus Alterans gives me perfect results. I presribe it almost daily, and have never failed to obtain the effect sought. I regard it a specific for syphilis in all stages. Imitations which I have been induced to try occasionally have always failed. Such failures have only served to confirm my confidence in the genuine Succus Alterans. I can pay no greater tribute to an article so worthy and so meritorious than to say it is the very best and safest alterative known to the profession."

LISTERINE is a very convenient and agreeable means of securing topical antiseptic medication. It may be applied in full strength or diluted, to superficial cuts, bruises, or abrasions, as a toilet antiseptic wash after shaving, etc., as well as for the treatment of vari-

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ous specific diseases of the skin. Listerine, with water, glycerine, or other medicaments, is variously employed in all forms of eczema, different conditions suggesting degree of dilution; after the application of Listerine the eruption may be dusted with starch powder, or starch powder with the oxide of zinc, relieving the distressing itching and irritation. The following has also given special satisfaction:

℞.—Liquor Picis Alkalinus. . ℥ij
Listerine. . . . q. s. ft. ℥ij M.
Sig. Apply as a lotion.

J. P. PARKER, PH. G., M. D., of St. Louis, Mo. (*Annals of Ophthalmology and Otology*, of St. Louis, Missouri, April, 1895) says: I have used peroxide of hydrogen quite extensively for cleansing discharging ears, the nasal and accessory cavities, and have tried all the brands of the preparation in the market, and once thought one manufacturer's make as good as that of another, and bought the cheapest as a matter of economy, but recent experience has taught me that the difference in quality is greater than the difference in price. After an unpleasant experience with a solution of peroxide of hydrogen which severely injured the mucous membrane, I bought and examined, chemically, a bottle of each preparation of $H_2 O_2$ in the market, and was surprised to find so much difference. Some are useless, and others worse than useless because they contain too little available oxygen and too much free acids (phosphoric, sulphuric, hydrochloric). I now order Marchand's (medicinal) exclusively because I find it contains the desired quantity of available oxygen and not enough free acid to be objectionable, and its keeping properties are all that could be desired. By inquiry I learn that Marchand's is the preparation that is used by almost all surgeons, and it is considered by them the standard.—My personal experience with peroxide of hydrogen confirms entirely the statement of Dr. J. P. Parker, I have used exclusively Marchand's brand until lately, when I experimented with hydrozone. Then I gave up entirely the use of peroxide of hydrogen and use hydrozone on account of its strength, which cannot be compared with any other brand, even Marchand's. I must say that the results which I obtained with hydrozone are most gratifying.—Ed. (Abstract, *Times and Register*, June 8, 1895.)

ALTA PHARMACAL CO.; Gents:—Your representative called to see me six or seven weeks ago and left a dozen bottles of your preparation, Melachol, requesting that I would use it when I could. I kept accurate notes and made practical observation in a number of cases and I believe that Melachol is scarcely less than magical in its effects upon all ill nature. It certainly holds the cholesterin in a liquid form and prevents the formation of gallstones and the clogging of the gall duct, nor does it produce a less happy effect upon the secretions of any gland in the body. Even the mucous glands respond to its action and old and doubly chronic cases of uterine diseases accompanied by acrid and offensive discharges rapidly improve under its benign stimulation, and irregular and painful menstruation, if not through organic displacement, is wonderfully improved by its administraion just prior and during the period of menstruation. I have had excellent results in its use in disorders of the liver and kidneys. It has never failed to respond in increasing the secretions of these organs and greatly assisting nature where aggravated disturbances have existed for years. My most noticeable result was its action in a case of chronic hysteria in a woman, age 35, of careless habits. Examination showed that a hypertrophied condition of the uterus existed, together with congestion of the ovaries, with continuous pain, to subdue which morphia had been used and the habit contracted. I discontinued all other remedies except morphia and gave Melachol in drachm doses three times a day and full laxative dose (tablespoonful) twice a week continued for a month. At this time patient is much improved. Hysteria almost gone, organs in nearly normal condition, and by reducing the dose of morphia without the patient's knowledge until none was taken, she was surprised to know it, but found she could do without it altogether and as the cause had been removed, she did not resume the habit nor did she crave the drug. The patient was discharged with instructions to return if improvement was not permanent. I have been able to fully satisfy my mind of its efficacy and medicinal qualities, and it has won my admiration fully, and to my brothers in the profession I commend it without reserve. Very truly, R. M. Kerley, M. D., Superintendent Health Department, City of St. Louis, Female Hospital.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 14. BALTIMORE, JULY 20, 1895. WHOLE NO. 747

ORIGINAL ARTICLES.

VAGINAL CYSTS.

READ AT THE 787TH REGULAR MEETING OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, HELD AT CARROLL HALL, MAY 23, 1895.

By William S. Gardner, M. D.,
Associate Professor of Gynecology College of Physicians and Surgeons.

CYSTS are found both in the anterior and posterior vaginal walls, the greater number being found in the anterior wall. They vary in size from that of a pea to that of the fetal head at term. Courty states that they are of frequent occurrence in prostitutes, and Tillaux and Thallinger consider them as hydromata or accidental serous sacs. Scanzoni and Rokitansky always found that the origin was not in the vaginal wall proper but in the cellular tissues outside of the vagina. The mucous membrane over the cyst, as a rule, maintains its normal appearance, but it sometimes becomes much stretched or adherent and losing its characteristic rugae, becomes smooth and glossy. The growth in all cases is slow and cysts have been kept under observation from a few months to as much as twenty-two years.

Efforts have been made to determine the origin of vaginal cysts by the examination of their contents, but no definite results were obtained, it being found that cysts having evidently the same origin had great variations in their contents. Their origin has also been sought for in the histological structure of their sacs but the changes produced by the growth of the cyst and the internal pressure so modify the epithelial linings that it is difficult to decide from just what form they have developed. Ruge and Kaltenbach have found two distinct varieties of epithelium present in the same cyst.

Von Preuschen's investigations led him to state that many vaginal cysts are simple retention cysts such as are found in other parts of the body; but this view has been combatted by many observers, who deny the possibility of retention cysts by denying the presence of glands in the vaginal walls. Nevertheless, it is highly probable that von Preuschen was correct in his conclusions.

Klebs argued that vaginal cysts are simply dilated lymph channels. Schulte quotes a case that he believes arose from a dilated lymph vessel under the influence of persistent inflammatory irritation.

Freund suggested that these cysts might be due to an accumulation of fluid in a duct of Müller which during development had failed to unite with the one on the opposite side.

Froment thought that cysts were formed by the adhesion of the crests of the rugae leaving a cavity lined with normal vaginal mucous membrane which gradually becomes distended with the secretions from the membrane.

In rare instances dermoid cysts and hydatids have been found in the vagina, and traumatic hematomata have sometimes been classed as vaginal cysts.

G. Veit, in 1867, first suggested that

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some vaginal cysts might have their origin in Gärtner's ducts, and it is to this form of vaginal cyst that I wish to call special attention. The fact that these ducts are persistent in the cow, sow and many other animals has been long known. Their presence and the degree of their patency in woman has been a much discussed subject. It would be of little advantage to reiterate the names of all those who have discussed the pros and cons of the existence of Gärtner's ducts in the adult, and so far as possible, I will relate facts rather than opinions.

In 1887, Dr. G. W. Johnston of Washington reported a case of which the following is a brief outline :

Mary M., aged 30, colored ; she complained of pelvic pain, leucorrhea and painful coition ; during the past two months difficult urination with attacks of retention. Physical examination revealed laceration of the perineum, laceration of the cervix, subinvolution, vaginitis and on the right half of the anterior vaginal wall, lying one below the other in a straight line, four elevations that proved to be cysts. Three cysts were spherical, the fourth elongated and having the long axis parallel with the axis of the body. They decreased in size from above downward. All four cysts were tapped with a hypodermic needle and the fluid drawn off. The smallest one never refilled. One suppurated after the puncture and was cured by free incision and packing with iodoform gauze; it gradually filled with granulations and healed over. One was simply split open. The largest one was treated by cutting away as much of the cyst wall as projected into the vagina, and then the edges of the remaining portion were stitched to the vaginal mucous membrane. A microscopical examination of part of the cyst wall removed showed it to consist of connective tissue and unstriped muscular fiber and lined with epithelium. Johnston believes that the cysts in this case originated in a dilatation of the vaginal portion of the right Gärtner's canal.

At the April meeting of the London Obstetrical Society, Dr. Armand Routh detailed three cases of associated parovarian and vaginal cysts formed from a distended Gärtner's duct, and also of two analogous cases of patency of the whole length of the duct with an anterior opening allowing free drainage and thus preventing distention. By evidence from these cases he thinks to establish or at least to render plausible the following propositions :

1. That Gärtner's duct can be traced in some cases in the adult female from the parovarium to the vestibulum vulvae, ending just beneath and slightly to one side of the urethral orifice.

2. Homology tends to show that Max Schüller's glands are diverticula of Gärtner's ducts, just as the vesiculae seminales are diverticula of the vasa deferentia. Some evidence is given that Skene's ducts are not necessarily identical with the anterior termination of Gärtner's ducts (as most of those who have traced Gärtner's ducts to the vestibule have thought) but that Skene's ducts lead directly and solely from Max Schüller's glands, Gärtner's ducts being continued to the vestibule, behind, but parallel to Skene's ducts.

3. That Gärtner's duct, if patent, may become distended at any part of its course, constituting a variety of parovarian cyst if the distention be in the broad ligament portion, and a vaginal cyst if the distention be in the vaginal portion. The cases described are instances of the association of both of these cysts, owing to simultaneous patency of distention of both portions of the duct.

4. Attention is drawn to these cases as affording explanations of some obscure cases of profuse watery discharge from the vagina, not coming from the uterus or bladder.

5. The question of treatment is also approached, and the opinion is expressed that where the whole duct is distended the vaginal part of the cyst may be laid open as far as the base of the broad ligament, and the broad ligament portion encouraged to contract and close up.

CASE I.— Miss C. C., aged 25, complained of a profuse yellow, watery discharge which was occasionally offensive. Walking caused great pain down the right leg and in the right side. The

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abdomen was somewhat distended, and the muscles resistant over the right half of the abdomen. Per vaginam the uterus was mobile, but pushed over to the left side by a somewhat elastic mass on the right side of the pelvis, situated apparently between the layers of the broad ligament.

In the vaginal wall, running from the base of the right broad ligament, starting from a spot slightly to the right of the cervix, there was an elastic ridge, somewhat irregular in outline, which passed forward and toward the middle line, becoming lost a little to the right of the urethra, about three-fourths of an inch behind the vestibules. The orifice from which the discharge came was not found.

A fortnight later the patient suffered severe throbbing pain and the temperature rose nightly to 101° or 102° F. The vaginal ridge had become larger, tenser and more elastic, and evidently contained fluid reaching very nearly to the vaginal outlet in the middle line of the vaginal roof.

The patient was examined under ether, and the vaginal cyst was found collapsed; the broad ligament tumor was very distinctly made out, and was thought to be a broad ligament parovarian cyst, the vaginal cyst being presumably a patent Gärtner's duct communicating with the cyst cavity. As the patient was regaining consciousness, she coughed, and bore down strongly, causing a quantity of yellow, offensive pus to come out of a minute hole not previously seen, just beneath and to the right of the urethral orifice at the base of the vestibule. A small probe passed down this abnormal orifice for three-quarters of an inch, and the passage was laid open as a rectal fistula would be. The openings of Skene's ducts just within the urethral orifice were quite perceptible. The main vaginal cyst was then opened about two inches up the vagina but it was not possible to pass a probe for any distance either backward or forward. A few days later I succeeded in passing a probe along the whole canal from the anterior orifice, and subsequently a director; and under anesthesia, freely laid open the vaginal cyst with a Paquelin's cautery, letting out much pus, which welled freely out of the upper end of the incision at the base of the broad ligament. The duct thus laid open was lined by a smooth membrane. A sound passed into this upper opening near the cervix went a distance of five inches upward and outward and was evidently inside a cyst cavity in the broad ligament. The opening was enlarged to admit the finger, which could be passed into the cyst behind the vagina, and could make out that the lining membrane was smooth and that the cyst was between the layers of the broad ligament. The cavity was washed out with iodized water and a drainage tube inserted. The patient completely recovered. Routh believes this to be a case of distended Gärtner's duct where the contents finally suppurated.

CASE II.— In 1881 Watts reported a case of cyst which bulged from the anterior vaginal wall in the position of a urethrocele. The urethra was, however, quite normal. He laid open the cyst per vaginam, and to his surprise was able to pass a probe several inches without resistance. Watts thought the probe penetrated the peritoneal cavity but Routh thinks it pretty clear that as in his own it was really between the layers of the broad ligament.

CASE III.— Veit's case (1882) was that of a married multipara, aged 47, who had a large vaginal cyst, which made micturition difficult owing to pressure upon the urethra. The cyst bulged out between the labia majora as large as a child's head. The uterus was pushed over to the left side by a tense elastic swelling in the right broad ligament, which clearly communicated freely with the vaginal cyst. The case was treated by incision of the vaginal cyst, draining both it and the broad ligament cyst, and by cutting out a large piece of the lining membrane of the vaginal cyst to prevent reclosure. The finger could be passed into the broad ligament and the ovary felt on its posterior and outer surface.

Mr. Melton of Cairo reports the case of an Egyptian fellah woman aged 30

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who from her earliest recollection had been subject to a watery vaginal discharge. At the age of 13 she married and became pregnant, and was delivered of a healthy child, the discharge continuing during pregnancy. On vaginal examination, a very minute orifice, admitting only a catgut guide, was found on the vesico-vaginal septum, a little to the right of the middle line, and half an inch posteriorly to the vesical extremity of the urethra. From this issued, drop by drop, a pellucid fluid, to the amount of about two ounces per diem, having a specific gravity of 1026 and containing much albumen with some sodium chlorides. Urea and urates were absent. A fine urethral bougie, introduced with great difficulty, passed directly backward along the vesico-vaginal septum, and then following to all appearance the line of the ureter, penetrated to the whole of its length in the direction of the right kidney.

This was undoubtedly a patulous Gärtner's duct. An opening was made in the bladder and the duct turned into it. There was no further vaginal discharge, but the woman had a permanent albuminuria.

Tait was consulted by a patient aged 60 who had had a profuse watery discharge from the vagina for 30 years. He discovered that the fluid came from two small apertures, one on each side of the urethra. Temporary closure of the canals by Paquelin's cautery caused much pelvic distention, which was relieved when the accumulation of fluid reopened the closed orifice. The discharge continued until the patient was 70 years of age.

Rauth concludes that it is established that in some cases Gärtner's ducts are patulous from the parovarium to the vestibulum, and that an obstruction in such a duct in the broad ligament portion will produce a parovarian cyst, and that an obstruction in the vaginal portion may cause a vaginal cyst, or both.

TWO CASES OF RAPID DELIVERY IN THREATENED ECLAMPSIA.

By Harry H. Arthur, M. D.,

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CASE I.—Occurred in the out-clinic of the University of Maryland, Obstetrical Department. The patient was a primipara and pregnancy advanced to term, although labor had not actively set in. Presented symptoms indicating a probable uremic condition. Her early history as far as could be ascertained included nothing but measles.

Urinary analysis developed the following: Albumen 50 per cent.; epithelial and granular casts; specific gravity 1006; acid reaction.

(The percentage of albumen referred to in this paper represents an ocular estimate of the bulk of coagulated albumen in a given quantity of urine after boiling.)

Eliminative treatment consisting of pulv. jalap. co. 3j every morning; potass. acetate, gr. xx every two hours, and an absolute milk diet, was instituted. The following day labor pains increased in severity, with a corresponding increase in uremic manifestations, headache, persistent nausea and vomiting, nervousness, and marked restlessness, slight edema of the face, although none in the extremities. Vaginal examination showed an obliterated cervix and dilatation of the os to the extent of a five cent piece.

Upon consultation with Professor Michael, it was decided to interfere and terminate the labor as rapidly as possible. The patient was anesthetized, and dilatation of the os by the fingers begun, after the completion of which, forceps were applied to the slightly engaged head, which had not yet undergone moulding nor flexion, two conditions operative in causing the for-

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ceps to slip. After repeated efforts along this line, accompanied by as many failures to deliver, I turned the child, pulled down the feet and thus delivered the breech, only to find the arms extended above the head. They were, however, brought out after considerable difficulty, without fracture.

The Veit-Smellie method was then applied to the after-coming head, but signally failed. Then the Goodell method was substituted and this, aided by supra-pubic pressure, proved efficient.

The child, as was anticipated, was asphyxiated, but after an hour's work was finally resuscitated. There was a considerable post-partum hemorrhage owing to uterine relaxation and retained placenta, which was tightly adherent to the fundus of the uterus and had to be scraped away. Ergotole was then administered hypodermically and uterine douches given.

The perineum sustained a laceration of the third degree, extending partly into the rectum. This was hastily repaired owing to the condition of the mother, which was rapidly approaching collapse.

After the operation, the patient rallied although uterine retraction was so tardy as to necessitate stimulation by the Credé method and repeated doses of ergotole for the following twelve hours. Immediately following delivery, all uremic symptoms subsided and there was also such a rapid diminution in albumen that it, together with the casts, had entirely disappeared from the urine in the course of thirty-six hours. Eliminative treatment was discontinued after the first week. Patient passed an uneventful puerperium, the temperature at no time ranging above 100°. Discharged in good condition.

CASE II.—J. W., white, primipara. Pregnancy advanced to eighth month. Brought to Maryland University Hospital, March 10, 1895, in complete coma, having had seven convulsions during the twenty-four hours preceding her arrival. She was given pilocarpine muriate gr. $\frac{1}{8}$, strychnine and nitro-glycerine hypodermically, and toward evening emerged to some extent from the comatose condition, although her intellect was very much clouded. After transfer to the Lying-in Hospital about 8 P. M., she was examined and found to be in labor, the os being but slightly dilated. To ward off any convulsive outbreak, she was given morphia sulph. gr. $\frac{1}{4}$ hypodermically.

Urinary analysis. Albumen 80 per cent.; specific gravity 1030; acid reaction; numerous epithelial, granular and hyaline casts; blood casts and blood corpuscles. Arterial tension very high; respiration slow and somewhat stertorous; on the whole, her condition was such that Professor Michael advised immediate emptying of the uterus. She was anesthetized, and dilatation of os completed by the fingers, after which forceps were applied to the floating head and child delivered. From this time she showed marked improvement, the pulse becoming soft and regular, respiration approaching the normal, the intellect became clearer and continued to improve, being completely restored on the following day. The child was born asphyxiated, but was resuscitated and lived seven hours.

After-treatment of the case consisted in stimulation by whiskey hypodermically, absolute milk diet, elimination being accomplished by pulv. jalap. co. ʒ j, every other morning. Infusion of digitalis ʒ iij every three hours. Also four dry cups. The urine gradually cleared up, as indicated by the following analyses:

One hour post-partum, 60 per cent. albumen; epethelial granular hyaline casts; acid reaction; 1022 specific gravity.

Twelve hours post-partum, 20 per cent. albumen; hyaline casts; acid reaction; 1020 specific gravity.

Twenty hours post-partum, 10 per cent. albumen; hyaline casts; acid reaction.

Forty-two hours post-partum, trace of albumen. Amount of urine passed daily averaging forty ounces.

Albumen and casts gradually disappeared, patient passed a normal puerperium with the exception of nausea and vomiting on the third day and was dismissed in good condition.

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Cases of uremia occurring at different periods of and complicating pregnancy necessarily require individual consideration regarding their treatment. In the two cases just reported, the indications were practically the same, each having entered the first stage of labor and their respective conditions of such gravity as to make operative interference not only justifiable, but absolutely necessary in the interest of both mother and child. That such was the proper course is clearly shown in the fact that the cause possibly producing and certainly perpetuating the conditions having been removed, all uremic symptoms subsided and rapidly disappeared. As uremic cases do not present such grave and urgent conditions, the treatment instituted should be based upon a knowledge of the viability or non-viability of the fetus. Should the fetus be viable and the conditions cited in the foregoing cases exist there is but one rational course to pursue, *i. e.*, immediate evacuation of the uterus.

It is therefore to those cases in which the fetus is non-viable that attention is especially directed. The question that now presents itself is, "Shall these cases be treated conservatively or radically?" Regarding the conservative measures, hygienic or medicinal, it would be superfluous to review them in detail, their employment being especially indicated where the result of chemical and microscopical examination of the urine, together with the lesser uremic symptoms, suggest it. On the other hand, if such measures fail and the condition increases in gravity, or in the event of not having seen the patient sufficiently early to invoke proper eliminative treatment, and cerebral symptoms develop, in my opinion, as Professor Lusk tersely expresses it, "the time for folded hands has passed." It will be held by some that even at this stage of uremic intoxication, the conservative measure of elimination by the steam bath or hot pack, with free use of cathartics, diuretics, etc., would be most efficacious and the proper course to pursue. Possibly, yes; probably, no. However, if such measures be employed, no one is in position to say with any degree of certainty that should the patient emerge from her comatose condition she would not return to it after a variable time. On the contrary, even though elimination of the toxines producing the uremic condition were accomplished through other channels than the kidney, *i. e.*, skin and bowels, and the crippled kidneys restored to some extent by use of mild diuretics, and especially by the withdrawal of nitrogenous food favoring the production of the toxines, still the causative agents are but partially removed, in that double work is still imposed on the kidneys, viz., the elimination of excrementitious principles of not only mother but child as well; and, added to this, there is still the continued high blood pressure, causing constant congestion, and hence the greater liability to acute nephritis should any agency influencing such inflammation present itself.

Hence in the event of restoration through conservative measures, I think at best it would only be temporary, the uremia probably appearing later with graver manifestations, if not fatal result.

Before outlining the treatment, it should be noted that in uremic patients, labor, either as a result of uremia or precipitated by convulsions, may occur prematurely and result in spontaneous delivery, or again the same conditions may be present without exciting the least uterine contraction, and it is in this class of cases that interference is especially indicated. Treatment, therefore, necessarily depends on existing conditions and their consideration, and compels the obstetrician to weigh carefully each case before proceeding, the number of cases being too few and statistics too meager to lay down any fixed rule in reference to operative interference. I think, however, after a careful study of the subject in all its bearings, preference would be given to operating as soon as cerebral symptoms develop.

In the induction of premature labor, the principal means at our disposal are, (1) the introduction of an aseptic bougie between the membranes and the uterine wall, or (2) by dilatation of the cervix by Barnes' bags, or fingers and then

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delivering by forceps or version. The bougie is of value in those cases the conditions of which admit of delay, but in threatened eclampsia it is of doubtful utility owing to the time required for its action, generally twenty-four hours, or even longer. For should the case present indications necessitating interference, the method employed should be such as to secure immediate evacuation of the uterus. Hence to temporize with the bougie is only to expose the patient needlessly to the results of increasing intoxication and to sink her more deeply into profound and possibly irremediable coma. Rapid delivery is then the only safe and rational course to pursue and this is best accomplished by rapid dilatation either by Barnes' bags or the fingers, preferably the latter, and then by application of forceps or performance of version, according to position of the fetus.

WHEN SHOULD VAGINAL BE PREFERRED TO ABDOMINAL INCISION IN THE TREATMENT OF PELVIC DISEASE?

By E. E. Montgomery, M. D.,

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THE more ready accessibility of the pelvic organs to sight and touch naturally led to the exercise of abdominal incision as the usual method of procedure in removal of the uterine appendages.

The facility of such operations has been greatly enhanced by the introduction of the Trendelenburg position, in which the light falls into the pelvis, while the intestines fall away, or are held out of the pelvis with but little difficulty. If the object is removal, these positions leave little to be desired.

The important question, however, is, do we always desire to remove organs which the symptoms and physical signs demonstrate are the seat of serious inflammatory or suppurative disease?

Certainly *not*, if any procedure will afford a restoration to health with their retention. In other words, no organ should be sacrificed which can be saved. The careful study of suppurative processes which result in rupture of a tube and the formation of an abscess sac in the broad ligament, or Douglas's cul-de-sac, demonstrate the wisdom of affording a vent through the vagina, even should the condition be such as to render it certain it would be necessary subsequently to resort to abdominal operation for more radical relief. Nature is very careful to protect vital structures by plastic exudation, thus affording a barrier against further encroachment. A large collection of pus thus becomes a localized abscess, excluded from the peritoneal cavity. In such a case an abdominal incision means the breaking up of Nature's fortification and the possible infection of the entire peritoneal cavity.

Such a collection may be limited to either the inferior or superior position of the broad ligament, Douglas's cul-de-sac, or in front of the uterus, between it and the bladder. In all these positions the abscess may be incised, its contents evacuated, and the cavity drained through the vagina.

Such a procedure is not necessarily attended with serious danger, even in the gravest cases. Indeed, in many cases the choice of this procedure may result in recovery, when the exercise of the more radical operation through the abdomen would necessarily result fatally. It is objected that the operation is not thorough, that diseased tissue is left. While it is true that the removal of the organs is not as thorough as in the radical removal through the abdomen, yet the prime consideration is the cure of the patient and that with as little mutilation as possible. The surgeon does not remove the entire tibia because a portion of it is diseased, nor does he dis-

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tress himself if he does not succeed in removing all the diseased structure, realizing that if free vent is afforded the diseased tissues will be exfoliated and the wound closed by granulation. In the pelvis the *sine quâ non* is to secure and maintain drainage. In pelvic inflammation where a mass of exudation may be determined, a free vaginal incision should be made, its position depending somewhat upon the situation of the difficulty.

In posterior and lateral masses, the incision should be made through the posterior and lateral fornices of the vagina. The incision should be large and where the collection is posterior to the uterus, it can be reached without difficulty. The posterior incision extended around the cervix laterally, affords ready access to lateral collections without danger to the ureter, or the uterine artery. If the abscess is not reached by the incision, the preferable plan is to dissect upward through the broad ligament with a grooved director, or blunt scissors until the sac is perforated. If the latter is used, the blades should be separated and withdrawn. In this manner an opening may be enlarged to admit the finger and can be still further enlarged by tearing. The cavity is then thoroughly irrigated with plain, hot, sterilized water, hot salt solution, or a solution of sulphurous acid, one to thirty. Peroxide of hydrogen should not be used, for the reason that the decomposing gas not infrequently dissects up recent adhesions and serves as a medium for carrying infection into the peritoneal cavity. Irrigation should be followed by careful gauze packing; an aseptic pad should be applied to the vulva, to be changed as often as it becomes soiled.

The internal gauze may remain forty-eight to seventy-two hours. Its removal should be followed by irrigation and repacking. The gauze should be changed at intervals of two days for a week or ten days, according to the size and character of the abscess.

It is not claimed that the plan of treatment will cure every case; indeed, occasionally a patient will present symptoms which will require the exploratory vaginal incision to be immediately followed by an abdominal operation in order to remove pus collections. Other cases will be found in which there is delayed convalescence or relapse, due to the presence of secondary foci inaccessible through the vaginal incision.

Even in such cases the vaginal incision does not complicate the secondary operation, and when done at the same sitting affords an opportunity for vaginal (gauze) drainage, which will permit the immediate closure of the abdominal wound.

The class of cases to which this procedure is applicable may best be illustrated by a brief résumé of the history of the following two cases:

Mrs. D., aged 26 years, recently married, began to suffer from pelvic distress shortly after marriage and consulted her family physician, who made an examination and discovered a displacement and some endometritis. He proceeded to curette the uterus, which was followed by an aggravation of the previous inflammatory attack. Her temperature varied from 100° to 103°; abdomen was distended and painful. The uterus was fixed in and surrounded by exudation, which was more marked upon the right side. The rectum was encroached upon by a mass of exudation, which presented to the right side a point of softening. A few days later she was brought to my private hospital and a vaginal incision made, which permitted about half an ounce of pus to escape. Pressure upon the mass through the rectum ruptured the intervening wall and permitted the fingers to come in contact, establishing, much to my discomfort, a recto-vaginal fistula. The wound was carefully irrigated and packed with iodoform gauze. This was renewed at the end of three days and twice subsequently, with the closure of the opening and obliteration of the sac. The remaining exudation was absorbed and the uterus set free under a course of pelvic massage.

Mrs. S., was seen with Dr. Jurist. She had been sick for several weeks with an attack of pelvic inflammation, which had resulted in a large collection

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upon the left side, displacing the uterus to the opposite side. Arrangements had already been made for an abdominal operation by a prominent operator, but through some misunderstanding his services had been discontinued. As fluctuation could be distinctly recognized in the mass, it was decided to do a vaginal operation. Accordingly a free incision was made posterior to the left lateral fornix, and the abscess cavity opened. Over a pint of offensive pus was evacuated and a large number of flakes of lymph washed out during irrigation.

The gauze packing was carried up well into the cavity. The subsequent progress was uninterrupted and the patient was able to leave her bed at the end of two weeks, free from any pelvic distress.

In both the cases cited, the patients, after short convalescence and slight suffering, apparently recovered as gratifying a state of health as is usually secured by the more radical operation and escaped the sequelae which must necessarily accompany the removal of the appendages under the most skillful operator.

The discussion of the vaginal operation for the removal of the uterus for cancer or prolapse is not appropriate to the title of the present paper, but its slight mortality has led to the consideration of the advisability of vaginal hysterectomy in such cases as require the removal of the appendages for sepsis. As the route of infection is through the uterus, and that organ is the seat of disease which must produce more or less disturbance, aggravating the phenomena of the artificial menopause, and as the organ after the removal of the ovaries no longer serves any useful purpose, its extirpation seems not only justifiable, but wise.

Every student of the subject has seen numbers of cases in which the diseased uterus has been the source of discomfort and distress for years subsequently; the removal of such a uterus is generally followed by a rapid amelioration of the unpleasant symptoms.

In conclusion I would suggest:

1. In all cases in which it can be demonstrated that an abscess cavity can be opened through the vagina, that canal should be the site of election.

2. In doubtful cases it should be tried, as the vaginal incision does not preclude the immediate approach of the diseased tissues through the abdomen.

3. Where the ovaries and tubes are so diseased as to require their removal, the advisability of vaginal extirpation should be considered and practiced whenever the organ is especially diseased.

DEPOSITS OF RUST IN THE CORNEA.—Gruber (*Southern California Practitioner*) draws the following conclusions from his observations: 1. Particles of iron which have penetrated the cornea vary in their action according to their chemical properties. Metallic iron and ferric oxydule must be regarded as irritating, while ferric oxide is indifferent. The ring of rust remaining after the extraction of a particle of iron, consisting merely of a hydrated ferric oxide, is indifferent and unirritating. 2. Even in cases of non-perforating injury from particles of iron, there often results a deposit of ferric oxide on the membrane of Descemet. 3. The deposit of rust outside the foreign particle follows very rapidly after the injury. 4. The corneal epithelium resists very strongly the entrance of the ferric oxide deposit.

* * *

CONTAGIOUSNESS OF CANCER.—The following considerations of the infectious nature of cancer, says the *North American Practitioner*, were offered by Guelliot, of Reims, at the eighth session of the Congrès Francais de Chirurgie. That it began as a local disease; that cancer is inoculable in animals of the same species; it begins on surfaces irritated, ulcerated, or injured; it is unequally distributed in rural districts, there being apparently abodes of cancer, and in more than forty cases of the 113 collected by him, husband and wife had epithelioma.

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SOCIETY REPORTS.

THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

MEETING HELD MARCH 28, 1895.

The 785th regular meeting of the Medical and Surgical Society of Baltimore was called to order March 28, 1895, by the President, Dr. J. Wm. Funck. The minutes of the previous meeting were read and approved.

Dr. James Bosley was elected to membership.

Dr. J. Henry Conway reported a case of TUBERCULAR MENINGITIS.

On Friday, November 16, 1894, Lizzie H., aged 13 years, colored, an inmate of St. Elizabeth's Home, complained of a severe headache and vomiting. Temperature 101°. Mild chloride was given in $\frac{1}{10}$ grain doses every hour until six had been taken. She appeared better the next day and on Sunday there was a return of the headache together with an intense pain in the epigastric region. No fever. I first saw the case on Monday, the third day of her illness. Her condition was then as follows: Temperature normal, pulse 84, full and strong; slight cough, intense nasal catarrh, bowels regular, complained of headache and felt very weak. Her condition led me to suspect measles so I ordered her to be placed in a separate room away from the other children. Her temperature to be taken every second hour and quinine sulph. three grains every third hour, given together with the House cough mixture, which contains mx. glyzzh. comp. and am. carb. one grain to the drachm. Her temperature remained normal until the next afternoon at 4 P. M., when it suddenly rose to 102°; at this time an eruption of papules was noticed scattered irregularly over the body; owing to the complexion of the child it was necessarily black. The following day she was much better, headache and fever both absent, catarrhal symptoms almost gone.

From her general condition my theory of measles was considerably shaken. On the following day Dr. Joseph B. Saunders saw the case with me; she was then in apparently the best of health and strenuously objected to being isolated from her playmates as the eruption was the only symptom present. Dr. Saunders recommended that she be allowed the liberty of the yard and the companionship of her little friends. Acting on the suggestion, she was allowed out and after playing around retired at 8 o'clock in apparently the best of health. About 11.30 the same night the house was aroused by her shouts and when the Sister went to her room she found the child standing in the middle of the room laughing and singing by turns and altogether in a wildly happy mood. She was given a teaspoonful of the house solution containing pot. bromid. 5 grains and put back to bed. In about an hour she quieted down but still continued delirious of the low muttering type. When I saw her the following morning her respiration was sighing and irregular, pulse weak and very rapid, temperature subnormal, pupils unequal and insensitive to light. She lay in a semi-comatose condition, from which she could be aroused by addressing her in a loud tone and would then recognize those around her; stimulation was pushed and she appeared to rally, her temperature changing from 95° at 9 A. M., to 102° at 2 P. M. From the great irregularity of her temperature together with the head symptoms I concluded that she had meningitis and on account of her age, race and surroundings believed it to be of the tubercular form. As I was by no means certain, the following day I had Dr. Sylvan Likes see the case with me. We made a careful examination of the child without eliciting anything new. She appeared to rest easily, ate what was given her and would sleep four and five hours at a time and with the exception of the irregular temperature there were no well marked symptoms of any kind and Dr. Likes would not risk a diagnosis but agreed that it might be meningitis.

This was on Saturday, the seventh day of her illness. She remained in about the same condition until Monday, when involuntary muscular twitching, together with retraction of the abdomen, was noticed. The following day she

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again complained of severe headache and her skin was hypersensitive to the touch. Dr. Saunders being with me confirmed the diagnosis of tubercular meningitis. She was placed on morphia sulphate, $\frac{1}{12}$ grain every fourth hour. She again became delirious of a low wandering type and on the following morning, the thirteenth day of her illness, she had a slight convulsion, after which she quietly passed away. Two days later, at the College of Physicians and Surgeons, Professor N. G. Keirle held a post-mortem on the case and said that it was a typical case of tubercular meningitis. Very little need be said in regard to the treatment, as the case is interesting mainly on account of its close resemblance to measles and absence of most of the characteristic diagnostic signs as usually given in the books, particularly the "hydrocephalic cry," but the treatment pursued in this case was that of a hot pack or hot applications to the extremities for the relief of cerebral congestion. Owing to the extreme weakness of the child the ice bag or ice cap was not used and as the case was entirely hopeless we simply did everything to relieve its suffering and allowed the child to die quietly without adding any more agony by the way of treatment.

The Society is considering the advisability of locating more centrally for the convenience of our uptown members.

S. T. Roeder, M. D.,
Secretary.

Medical Progress.

The Danger of Alkaline Mixtures.— Every practitioner, says the *British Medical Journal*, is aware that solutions of potash and soda salts are apt to increase rather than check dyspepsia if given too long or in too large doses. M. Mathieu finds that they may even set up cystitis. In cases of gastric ulcer and acid dyspepsia he has seen the complication occur when the patient has taken a mixture of one part of calcined magnesia and four of bicarbonate of soda. He has learnt that at Vichy the visitors who go through a course of the Source de l'Hôpital waters often have slight cystitis. M. Mathieu has observed a case of cystitis with hematuria in a patient who took large doses of bicarbonate of soda. He replaced it by a mixture, four parts magnesia and six prepared chalk. The hematuria recurred. This seems to show that the alkalinity of the former medicine, not the fact that it was a sodium salt, explained the symptoms of cystitis. Dr. du Cazal has seen hematuria, but never cystitis, in rheumatic subjects taking large doses of bicarbonate of soda. Dr. Hayem notes that the degree of acidity in the urine must be ascertained, in cases of acid dyspepsia, before alkalies are given, as there is no direct relation between the proportion of acid in the gastric juice and in the urine. When the latter is feebly acid the patient may be much damaged by alkalies.

* * *

Strabismus as a Symptom.— Some cases of squint are readily curable and some not. Dr. Leartus Connor writes in the *Journal of the American Medical Association* of the causes and practical management of squint and concludes as follows:

1. Strabismus is always a symptom of some morbid or congenital defect.

2. Success in its relief has increased in direct proportion to our knowledge of these conditions and defects.

3. Strabismus due to opacities of the refracting media or to congenital amblyopia can only be treated by operations, and solely for cosmetic effect.

4. Strabismus due to the combined action of hyperopia and normal recti is treated by tenotomy or advancement, atropine mydriasis, suitable glasses and gymnastic or innervation exercises.

5. Binocular vision is to be sought for in all cases other than those due to opacities of the refracting media, congenital amblyopia or organic disease of the retina or optic nerve. With sufficient perseverance it is attainable in a fair proportion of cases.

6. Recent studies of heterophorias afford substantial aid in the better management of squint, by the new standards of both operative and gymnastic work,

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by the more convenient and reliable instruments for examination, and finer ones for operation.

7. There yet remain a number of cases of squint not explicable by our present knowledge, or amenable to treatment by accepted methods. To bring these under definite law, both as to cause and management, remains for the student of ophthalmology.

* * *

DANGERS OF THE CURETTE.—Pichevin (*British Medical Journal*) believes that the curette is of high value, but the more it is employed the more its dangers must be borne in mind. Abortion has been produced, and even relatively advanced pregnancy has been mistaken for simple enlargement of the uterus or interstitial fibroid, to the dismay of the operator. Septic troubles have followed the use of this instrument, but with antiseptics this accident is very rare. Far more insidious is the danger from overlooking pelvic abscess: a pyosalpinx has been burst with fatal results. Uterine atresia due to abuse of the curette has been noted by two authorities only. The most probable and frequent accident is perforation of the uterus by the curette itself. In 1854, Richard, a great supporter of Récamier, noted a case of perforation. It was soon found that, as in the case of perforation by the uterine sound, the results were far less serious than theory would lead one to suspect. Still there is no fear that the operator, discovering the accident, will think it a trifle. As to the causes, softness of the uterine tissues, especially in the puerperium, greatly increases the chance of perforation. The uterus, in some reported cases, may have been wounded by the dilator before the introduction of the curette, which then receives blame it does not deserve. Ignorance and roughness have certainly been the sole causes of the accident in some instances. One operator confessed that he once sent the curette clean through the uterus, till the handle lay so deep that it could not be withdrawn without the aid of a long-handled forceps. The walls may have been soft, but no doubt there was want of caution in this case. As a rule the perforation takes place close to one of the cornua. Turning to the diagnosis, Pichevin notes that in one case, in which perforation was suspected, the curette had simply slipped into an abnormal cornu. The theory of catheterization of the Fallopian tube has been brought forward to explain certain cases where the curette has slipped far into the patient's body without evil results. The phenomenon itself, however, has seldom been satisfactorily demonstrated, even in the case of the uterine sound. Symptoms of perforation vary from total absence to the most alarming subjective and objective conditions, such as profound collapse and the appearance of a coil of intestine at the vulvar orifice. Hence there is no rule for treatment. Pichevin holds that hysterectomy is too severe a measure in an average case. When the curette has penetrated the wall, and the antiseptic solution injected during the scraping process has entered the peritoneal cavity, Douglas's pouch should be opened and drained.

* * *

INDICATIONS FOR TOTAL CASTRATION BY THE VAGINA.—At the meeting of the American Gynecological Society held in Baltimore in May, Dr. Charles Jacobs, the distinguished gynecologist of Brussels, read a paper on the Indication for Total Castration by the Vagina, in which he drew the following conclusions: 1. (*a*) Total castration by the vagina is indicated in uterine cancer at its beginning. (*b*) In uterine fibroid. (*c*) In extra-uterine pregnancy and total abortion. (*d*) In complete genital prolapse, according to the indications I have put before you.

2. It is the best operation in bilateral purulent or non-purulent diseases of the appendages.

3. It finds its indications in uterine and in chronic incurable diseases of the uterus and its appendages.

4. Complete vaginal castration is not a more dangerous operation than is laparotomy.

* * *

CHLORALOSE AS A HYPNOTIC.—Marandon de Montyel (*British Medical Journal*) condemns chloralose as a general hyp-

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notic for general use in the treatment of alienation. He admits that it generally exerts a certain, though variable, amount of hypnotic action, but the patient very rapidly becomes habituated to the drug, which then ceases to have any effect. The only cases in which he found chloralose to be really useful were cases of epilepsy complicated by insomnia. The drug appeared not only to produce sleep, but to cut short the duration of the period of excitability. The dose given was from 25 to 50 centigrammes (3¾ to 7½ gr.) nightly until the crisis appeared to be over.

* * *

THE MANAGEMENT OF SUMMER DIARRHEA IN INFANTS.— At this season of the year the summer diarrhea of infants form a very prominent part of general practice. Dr. Herman B. Allyn has made a statistical and historical study of the subject in the *University Medical Magazine*, from which he concludes that :

1. The summer diarrheas of infants are primarily instances of poisoning, the poisons being developed in the food, especially milk, or introduced into the stomach and bowels in some other way.

2. Apart from decomposition of food, the most important factors contributing to their fatality are high temperature, a bad sanitary condition of the district, uncleanliness of the house and of its occupants, and immorality of the parents or guardians.

3. The occurrence of these cases should be foreseen in winter and early spring, and efforts made then to secure better living quarters and the highest degree possible of nutrition and health in the infants.

4. The most desirable thing is a trustworthy source of fresh milk-supply. In the absence of the milk laboratories of Boston and New York, it is the personal duty of the physician to look carefully after the milk supplied to nursing infants. In young infants which have to be artificially fed I have had the best result with peptonized milk.

5. No infants should pass the summer in the city if they can be removed to the country under fairly good surroundings. This should be done as a precaution before July and before they are ill. If summer diarrhea develops, removal to a cooler place where fresh milk can be had should be accomplished as soon as possible.

* * *

VACCINE-SERUM IN THE TREATMENT OF VARIOLA.— Serum-therapy is occupying the attention of investigators and while conclusions as yet amount to little in most diseases, still such work should be encouraged as leading finally to a successful result. Dr. Llewellyn Eliot of Washington, D. C., has been using vaccine-serum in the treatment of variola and his conclusions as recorded in the *Medical News* are that :

1. Vaccine-serum modifies variola.

2. Vaccine-serum has a marked influence upon the eruption of the disease, in that the papules or vesicles abort and the pustules desiccate.

3. Vaccine-serum prevents pitting.

4. Vaccine-serum should be accorded a place in the therapeutics of variola.

* * *

TREATMENT OF BONE CAVITIES IN THE SHAFT OF THE TIBIA.— Ercole (*British Medical Journal*) has practiced with success a new method of treatment for the cavities left after removal of a sequestrum. The principle consists simply in removing the lateral parietes, and in reducing the superior and inferior extremity of the cavity to an inclined plane, so as to render plane the surface which before was concave, the greatest care being taken to preserve as much periosteum as possible. The periosteum is afterwards sutured together, and a careful dressing applied so as to exercise a graduated pressure on the parts. By this new method a mere linear osteo-periosteal wound is substituted for a large open surface. In four out of the six cases recorded union occurred by first intention in from fifteen to twenty days; in the other two cases, which were complicated by numerous old scars and fistulous tracts, union occurred by second intention in fifty-four and sixty-five days respectively. The posterior lamina of the tibia left is quite strong enough to support the limb.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, JULY 20, 1895.

ALTHOUGH the *Index Medicus* is no longer published there is some prospect of its being revived if enough enthusiasm and money can be raised. In England physicians have already begun to miss this important publication and it is likely that a fund will be raised there and an annual sum guaranteed to the publishers of this monthly. In this country too physicians are at this late date taking an interest since its cessation has become a reality and Dr. Sajous writes from Paris that he and others are willing to contribute towards this good cause.

Index Medicus.

Mr. George S. Davis, who for so long has borne the burden of this publication at no profit to himself and of late at a great loss, volunteers to publish it again at the actual cost and if more than enough is subscribed he will willingly return it to those who have subscribed. A disheartened writer is said to have proposed a toast to Napoleon because he once shot a publisher. Here is an opportunity for some medical men to show a proper appreciation for the generous spirit manifested by this philanthropic publisher of the *Index Medicus* and contribute money or subscribe to the publication.

It is folly to dwell further on the importance of continuing this important work. All the world over it is said to be the best work of its kind and it deserves the cheerful support from all medical men and from every library and medical society. In its most successful days the editors and publisher did their work without pay.

If medical men have not the spirit to support what is so evidently an indispensable help in all medical literary work, why cannot the diplomats and politic men in the profession use their influence to obtain a government appropriation. Whatever helps the medical profession in its work and advances medical science is of use to the whole world and a small appropriation from the Federal government would soon put the *Index Medicus* on its feet again.

Much better would it be if each State and local society, if possible, were to subscribe to one or more copies so that a given circulation would be insured. This matter is too important to be dropped and it is the duty of all medical journals to keep this subject in agitation until the welfare of the *Index Medicus* is certain. Physicians and individuals are called upon for free gifts of money, of work, and, added to this, some States and cities demand and exact a tax from them. They are not all able to subscribe to a publication at a large cost and one which many would rarely use, but State societies and even local societies would be able to subscribe to one or more copies or even to contribute a small sum annually and this with whatever money is sent from abroad ought to be enough to insure the generous publisher against loss.

This matter should be kept before the medical profession from now on until the autumn, when medical societies begin their work, and then there may be some small chance of the continuance of the *Index Medicus*.

* * *

HYSTERIA from its very name was supposed to be a disease entirely confined to women and hence the few cases that have been reported often find their way in publications devoted to the diseases of women. Dr. N. P. Dandridge of Cincinnati reports in

Hysteria in the Male.

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the *American Journal of Obstetrics* a number of cases of hysteria in the male. He most usually found the cause to be due to overwork, intense application and overpower-

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

as women, and men too, in this state cannot understand their own condition and have no power to reason, the task of bringing about a recovery seems to be almost hopeless. In one case removal from the cause of worry may be of benefit, while in another case a removal may increase the trouble. In one case again absolute separation from friends may, with no further treatment, bring on an improvement, while in others the care and attention of those who will love and sympathize seems to be absolutely necessary.

In the cases of the men mentioned the prognosis in all but one was good and they not only appreciated their condition but did what they could to recover.

In so many women recovery is impossible because all through the course of the disease from the very beginning strong opposition is made, all attempts at reasoning prove futile and in a weak mind insanity results.

There are some women, however, afflicted with hysteria who are aware of the gravity of their trouble and its curability with the patient's assistance and these respond to the simplest remedies and in time recover.

As to the treatment of the case as related

A TREATISE ON THE NERVOUS DISEASES OF CHILDREN, for Physicians and Students; by B. Sachs, M. D., Professor of Mental and Nervous Diseases in the New York Polyclinic; Consulting Neurologist to the Mt. Sinai Hospital; Neurologist to the Monte-

[illegible] nourishing food is not so important and so hard a difficulty to meet. In those cases, however, where excessive use of stimulants and anodynes or narcotics has been indulged in, proper feeding is of extreme importance, in order to place the individual in a position to combat the cravings to which he has yielded. Massage, especially in connection with Turkish baths, will often have a happy effect, but prolonged rest in bed is not, in my experience, of frequent benefit. Relief from the anxiety of wearing and anxious duties, combined with prolonged and even severe out-of-door exercise, is more likely to restore the true and healthy condition of mind and body than anything else. The ability to take natural and refreshing sleep is usually the first step toward improvement.

* * *

Insect Stings.

JUST now reports are in order of insects and their dangerous stings and bites. These are often on a parallel with the sea serpent and the wonderful octopus. Still stings and bites are extremely dangerous at all times and especially when the system is not in a condition to resist the poison injected. In many insects the nature of the poison has not been ascertained, while in most of them it is of an acid, irritant nature, in others it may contain a powerful cardiac sedative and depressant and in still others organisms in pure or mixed cultures may be introduced with the sting or bite.

Aside from the natural poison used by insects it should not be forgotten that flies and other insects that live on carrion may easily carry contagion and inoculate the persons whom they bite or sting. Thus the organisms of actinomycosis and the anthrax bacilli, especially the latter, are often found in the flesh of dead animals thrown out to decompose. These are almost instantly covered with flies and other insects which feed on this flesh, become thoroughly infected and carry their infection to the first person or animal on whom they light and sting.

In the case of ordinary bites and stings the chemical antidote is a strong alkaline solution, such as a strong solution of the bicarbonate of soda or potash, which counteracts the acid of the sting. When a poison is introduced, local applications are indicated, but in addition to this, stimulants should be freely used to keep up the flagging heart and in robust persons bleeding will be of benefit.

When with the sting some one or more of the dangerous micro-organisms are introduced into the circulation, then the treatment is the more difficult. Here stimulants should be also used, but suction at the wound in all these varieties of stings and bites will draw out some of the poison, and until some antitoxine treatment can be found which will prove an antidote to the bacterial poison introduced, little can be done beyond a stimulating and supporting treatment with attention to symptoms.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 13, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		3
Phthisis Pulmonalis		19
Measles	17	4
Whooping Cough	4	3
Pseudo-membranous Croup and Diphtheria.	3	2
Mumps		
Scarlet fever	6	
Varioloid		
Varicella		
Typhoid fever	5	4

Galveston, Texas, has elected Dr. A. W. Fly as mayor.

Rhode Island has a new law compelling physicians and midwives to register all births.

The Eye and Ear Hospital of Pittsburgh, Pa., opened its doors to patients July 1, 1895.

The State Board of Health of Maryland held its quarterly meeting last week and transacted routine business.

The Medical Society of West Virginia held a very successful meeting at Davis, in that State, last month.

Sir W. Robinson, Governor of Hong Kong, states that five cases of plague have been found there, four being in one house.

Dr. Hugh McGuire has left Richmond and settled in Cumberland, Maryland. He is the son of the distinguished Dr. Hunter McGuire.

Yellow fever is reported to be on the increase in Santiago and northern ports are keeping a sharp quarantine against this disease.

At the June examinations of the State Board of Medical Examiners of New Jersey over 40 per cent. (11 out of 26) of the candidates examined for license to practice medicine in that State were rejected.

Dr. Theobald Smith, chief of the division of animal pathology, Agricultural Department, has made further practical suggestions for the suppression and prevention of bovine tuberculosis.

The degree of A. M., *honoris causa*, has been conferred by Harvard College upon Dr. Roswell Park of Buffalo, and Dr. George Dock of Ann Arbor.

[illegible] ication.

It is folly to dwell further on the importance of continuing this important work. All the world over it is said to be the best work of its [illegible] the cheerful support from

An endeavor will be made at the next meeting of the American Medical Association, to be held at Atlanta, Georgia, to form a section on rectal medicine.

The Commissioners of Charities and Correction of New York City have determined to introduce the novelty of Turkish and Russian baths in Bellevue Hospital, New York.

The twenty-sixth annual session of the Medical Society of Virginia will convene at Wytheville, in that State, on Tuesday, September 3, and continue three or four days.

The Medical Faculty of Cracow has proposed the name of Dr. Galezowski, the well known ophthalmic surgeon of Paris, for the Chair of Ophthalmology in that University.

Dr. W. Kelso Webb died last week at his residence on Park Avenue, Baltimore. Dr. Webb was born in Baltimore and was graduated from the University of Maryland in 1875.

Dr. Joseph A. White of Richmond has resigned the office of secretary and treasurer of the University College of Medicine of that city but still retains the chair of diseases of the ear, throat and nose.

not all able to subscribe to a publication at a large cost and one which many would rarely use, but State societies and even local societies would be able to subscribe to one or more copies or even to contribute a small sum annually and this with whatever money is sent from abroad ought to be enough to insure the

Dr. Bransford Lewis of St. Louis having resigned his position with the Missouri Medical College, has been elected Professor of Genito-Urinary Surgery at the College of Physicians and Surgeons; and Genito-Urinary Surgeon to the Baptist Hospital.

A complimentary dinner was given at the Langham Hotel, London, on June 25, to Mr. Christopher Heath, who was recently elected President of the Royal College of Surgeons, by his old house-surgeons, who at the same time presented him with a piece of plate "as a token of their esteem and affection."

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending July 15, 1895.

Captain Adrian S. Polhemus, Assistant Surgeon, granted leave of absence for two months to take effect after his return to his proper station, Fort Douglas, Utah, and at such time thereafter as his services can be spared by his post commander.

Captain Julian M. Cabell, Assistant Surgeon, granted leave of absence for four months on surgeon's certificate of disability.

Leave of absence for one month, to take effect on about the 23rd instant, is granted Lieutenant Colonel Johnson V. D. Middleton, Deputy Surgeon General.

Leave of absence for two months, to take effect on about August 1, 1895, is granted Captain William W. Gray, Assistant Surgeon.

Captain Reuben L. Robertson, Assistant Surgeon, resigned July 3, 1895.

UNITED STATES NAVY.

Week ending July 13, 1895.

Passed Assistant Surgeon R. P. Crandall detached from the U. S. R. S. "Vermont" and ordered to the New York Navy Yard.

Passed Assistant Surgeon George M. C. Pickerell ordered to Washington Hospital.

Passed Assistant Surgeon H. T. Percy detached from Naval Hospital, Washington, and to the Navy Yard, Washington, D. C.

BOOK REVIEWS.

A TREATISE ON THE NERVOUS DISEASES OF CHILDREN, for Physicians and Students; by B. Sachs, M. D., Professor of Mental and Nervous Diseases in the New York Polyclinic; Consulting Neurologist to the Mt. Sinai Hospital; Neurologist to the Montefiore Home for Chronic Invalids; Ex-President of the American Neurological Association. One volume, 688 pages, 8vo., illustrated by 169 engravings in black and color, and a colored plate. Muslin, $5.00.

During the past five or six years a number of American works on Neurology have appeared, some of them dealing with the subject in whole, others in part. The bearing of heredity upon nervous diseases makes the study of this class of cases in children particularly interesting. The introductory chapter of the volume before us will be found very useful. The method of examining nervous cases is clearly and satisfactorily set forth.

The article on Eclampsia-infantum, while concise and well arranged, is scarcely full enough for students or even general practitioners. There is a trifle too much of the "as every schoolboy knows" in it. Reflex irritation does not receive the attention it deserves, and the section on the treatment of convulsions is rather scanty. Somewhat the same criticism may with justice be passed upon the article on epilepsy. It is too condensed for a systematic work on the nervous diseases of children, and the differential diagnosis is not as clearly brought out as it might be. This is especially true of the differential diagnosis between epilepsy and hysteria. There are no two subjects to which the general practitioner will oftener turn than to the two mentioned above, and for this reason they should have been given more space. In the article on hysteria the author makes the rather startling statement that it is "a relatively rare conditon in adults."

The chapters on infantile spinal paralysis, syphilis of the cord and hereditary diseases of the cord are very interesting and exhaustive. Here we see the author at his best, particularly in the descriptions of the pathological anatomy of these conditions. The same may be said of the carefully written descriptions of the muscular atrophies. The part devoted to diseases of the brain is rather too much condensed, especially the sections treating of idiocy and imbecility.

On the whole the book will be found very useful, giving a condensed and up-to-date review of the general subject of nervous diseases, with special emphasis on such affections of the nervous system as are common in childhood. The style of the book is in the main good; the only criticism to be passed upon it is that the personal pronoun is used rather too freely. There are a number of new illustrations and the press work is excellent.

REPRINTS, ETC., RECEIVED.

Phelps' Operation for Club-Foot. By Chas. S. Briggs, A. M., M. D. Reprint from the *Nashville Journal of Medicine and Surgery*.

THE GEM OF NEW ENGLAND. The History and Romance of Bedford Mineral Springs, Mass. Illustrated. Address William Adams, Bedford Springs.

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CURRENT EDITORIAL COMMENT.

THE INDEX MEDICUS.

New York Medical Journal.

IT is difficult to express adequately the regret that is felt in the medical profession at the *Index's* suspension. The trouble seems to be that this feeling, although acute, is confined to too small a number of individuals who feel themselves able to assist in re-establishing the publication. Now and then it comes to our knowledge that a public-spirited person is willing to contribute materially to make good the deficiency in the income from subscriptions to that incomparable publication.

DISPENSING.

The West Virginia Journal of Medicine and Surgery.

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NOTES.

BORIC acid is recommended either sprinkled on linseed meal poultices or used in form of ointment, 30 grains to one ounce, as a treatment for erysipelas.

*

IT is said that bathing the feet well in warm water and binding moist sodium bicarbonate over the corn at night will deprive it of its soreness before morning.

*

ICHTHYOL, is being largely used in cases of erysipelas. Glinsky reports numerous successful results after its use. He thinks that it is the best drug yet employed in this disease, and praises its use.

*

CAMPHOR monobromate thoroughly triturated with sugar of milk and administered in small doses is a specific in all disorders of children induced by reflex nervous irritation, especially those of dentition.

*

A THREATENED septic peritonitis after laparotomy can often be aborted by giving half an ounce of sulphate of magnesium dissolved in a glass of water, upon the appearance of the first symptoms. The action of the cathartic can be hastened and its beneficial effects increased by the administration of a turpentine enema.

*

OPHTHALMOLOGISTS who use the ophthalmometer and who ofttimes find the corneal reflection dull and obscure with no apparent reason, will find that a drop of liquid albolene instilled into the eye will yield a brilliant result in making the images sharp and clear cut and with no effect on the estimation of the astigmatism.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 15. BALTIMORE, JULY 27, 1895. WHOLE NO. 748

ORIGINAL ARTICLES.

THE NECESSITY OF EARLY DIAGNOSIS AND EFFICIENT TREATMENT OF SOME OF THE MORE FREQUENTLY SEEN ORTHOPEDIC AFFECTIONS.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MAY 17, 1895, AND THE JOHNS HOPKINS MEDICAL SOCIETY, MAY 20, 1895.

By R. Tunstall Taylor, B. A., M. D.,
Surgeon to the Hospital for the Relief of the Crippled and Deformed, Baltimore.

ONE is often struck with the numberless cases of distressing deformities which are seen on the streets of our large cities and is led to ask the questions: Could these have been prevented? or, Can they now be corrected?

In many cases, I think I am safe in saying they could have been almost entirely prevented or greatly lessened, if a diagnosis had been made at the onset of the causative disease and followed up immediately by efficient, thorough and prolonged treatment, which can but be of benefit to the worst of cases.

The second question, Can they now be corrected? is, alas! too frequently to be answered in the negative, especially in the case of that affection of the spine, due to tubercular osteitis, commonly known as Pott's disease, and in rotary lateral curvature of the spine, which from their anatomical situation preclude the possibility of any surgical operations, like those we can employ to correct neglected or inefficiently treated cases of knee or hip disease.

An orthopedic surgeon has to deal with deformities which are congenital and those that are acquired.

Of the congenital deformities perhaps the more commonly seen (and of these only will I speak) are club-foot in its various forms, congenital dislocation of the hip and hare-lip.

Club-foot.— Club-foot presents no difficulties in diagnosis in infancy when of the equino-varus form, but simple equinus and valgus are often overlooked. Many infants are considered too young to undergo an operation and mothers are not infrequently advised to wait until childhood is well advanced before the deformity is corrected. This is a mistake, for if the child is allowed to walk on the deformity it is increased by the pressure of the superincumbent weight, falling in faulty lines and changes in the position of the articular facets ensue.

If, however, an infant's foot is properly manipulated from the time deformity is discovered until the child walks, the deformity can not only be corrected without so much of an operation as forcible stretching under anesthetic or a tenotomy, but even over-corrected, so that when the child begins to walk, it will prevent the return of the deformity by its own weight falling in proper lines. In bad cases it may be necessary to sup-

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plement this manipulation with a proper retentive apparatus.

The tendons and ligaments of an infant's foot are much less resistant than those of a more mature child and we should avail ourselves of this advantage. It is simply a question of overcoming a faulty position into which the feet have been crowded in the uterus, by putting them in a position diametrically opposed to that they have assumed during a portion of gestation.

Congenital Dislocation of the Hip.—Congenital dislocation of the hip is but rarely noticed, until the child walks and shows the characteristic limp of a rolling character from shortening of the limb, the caput femoris being on the dorsum ilii. Backward congenital dislocation of the hip is practically the only one seen, the other varieties being the greatest of rarities. The diagnosis offers no particular difficulties. The affected leg is found shorter than its fellow and the greater trochanter is found to be above Nélaton's line. What is known as "telescoping" may readily be detected by the limb being easily drawn down to its normal length and then slipping back to the dorsum ilii. This is especially well seen if traction is made with the thigh flexed. The rounded trochanter can be rendered abnormally prominent by flexing and adducting the thigh. Lordosis is usually quite marked, especially in double congenital dislocation of the hip.

It is but rarely confused with tubercular hip disease, as there is no muscular spasm nor temperature, which would surely be present with so severe a limp. The motions of the joint also are abnormally free, only limited slightly in abduction and outward rotation if the head and the neck of the femur are still intact.

Acute arthritis in infants with spontaneous recovery may lead to a condition simulating congenital dislocation of the hip, especially if the acute joint abscess breaks into the bowel with disintegration of the head and neck of the femur, as was the case in a child recently seen by the writer. As a rule, however, the history of an acute febrile attack with convulsions or chills and the formation of abscesses and sinuses, the scars of which are still to be seen, will clear up the difficulty.

Excision of the hip joint for tubercular disease in childhood may cause a similar deformity but with atrophy and shortening of the limb from removal of the epiphysis, but the scar of the incision is apparent and the history of a long siege of hip disease and of the child having walked well previously, can readily as a rule be obtained.

If congenital dislocation goes untreated the head and neck of the femur may gradually atrophy from pressure and changes occur in the periarticular structures, so that it becomes impossible to restore them to their place in the acetabulum and the cases often become progressively worse.

Hare-lip.—Hare-lip should be operated on early as the parts are then more easily co-apted and the child will in a measure outgrow the resulting scar. Besides in some cases the deformity may prevent the infant from nursing properly or at all, so that artificial methods of nourishing it will have to be employed. In addition, if a child with hare-lip talks previous to a corrective operation, the peculiar acquired muffled tone of voice is apt to persist after the operation, as it did before.

If briefly we consider next the much more serious, as endangering life and commoner diseases which are acquired, we will, I think, see that the importance of early diagnosis is even greater than in congenital deformities.

These acquired diseases, among others, include all those chronic tubercular affections of the joints.

Tubercular Joint Disease.—In the majority of the cases we see, the tubercular process begins in the epiphyses of the bones and not in the synovial membrane and it goes on progressively, if not properly treated, from a small tubercular focus to a large joint abscess involving all the bones, that make up the joint, with resulting sinuses and a disintegrating joint. The danger is greater after abscess formation from general miliary tuberculosis, tubercular menin-

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gitis, etc., while the prolonged suppuration may produce amyloid changes in the viscera.

By preventing traumatic contact first of all, at the onset of the disease, in such a joint, for a sufficient length of time and seeing to the hygiene of such a sufferer, as to fresh air, exercise and the like, we can enable that patient to attain a state of health which will greatly lessen the probability of further invasion into the joint proper, in a large number of cases, and prevent the resulting deformity or reduce it to a minimum. Such is the experience of orthopedic surgeons, who have been fortunate enough to see their cases *early and obtain the intelligent coöperation of those to whom the cases are entrusted.*

With these clinical facts before us, it may be well to consider the earliest possible symptoms which will enable us to make a definite diagnosis of chronic tubercular joint disease.

In all cases, where a successful diagnosis is desired, it is essential to success that the child or individual should be stripped, so that the suspected parts can be subjected to the careful scrutiny of the surgeon.

Two points should be borne in mind, when we consider chronic joint disease, as distinguished from acute joint disease, and these are first, that in the early stages of the former and often throughout its course the evening temperature will be found rarely elevated as high as 101° F. and second, that in many cases pain is not present at first. In acute joint disease we have both high fever and pain.

One should carefully examine a child when stripped as to its attitude and active and passive motions as departing from the normal, as this will frequently give us the key to the trouble.

In tubercular joint affections at an early stage will be found what is called "favoring" a part or side is present, to relieve it of weight or protect the diseased bone from traumatic contact with the well one, and this involuntary effort of nature will be manifest in the position, movements, etc., that the child assumes.

The epiphyses in the long bones, unlike the synovial membranes and more compact shaft, being so abundantly supplied with nerves radiating not only from the trophic centers (whose effect is seen by the rapid muscular atrophy, which cannot be entirely attributed to "disuse"), but from the sensory, motor and sympathetic centers as well, that naturally we may expect, when any pathological process occurs in an epiphysis, to get a nervous manifestation. (Shaffer, Chronic Joint Disease, American Clinical Lectures, Volume III, page 168.)

We find this nervous influence shown in the general spasm of all the muscles surrounding the joint. This is perhaps our earliest sign of tubercular joint disease and has been well named by Shaffer the "neuro-muscular protection" of the joint. This tonic spasm will be found from the beginning of the disease and motion in all directions will be limited to but a few degrees or entirely prevented. The muscular contraction is not only *our key to the situation* in the onset of the disease, but is our guide as to the progress the disease is making, the effect of the treatment throughout its course and index in a measure for the discontinuance of treatment, in which an error is more easily made in stopping it too soon than keeping it up too long. To be thorough and efficient, treatment should be kept up some months at least after all symptoms subside and then gradually discontinued under frequent inspection.

Thus in the early stages of hip disease, the limp and muscular spasm may disappear in a few weeks or months and the child be discharged presumably cured or perhaps the parents may insist that the splint be removed as free motion is perfectly restored. It has been the invariable experience of many observers in such cases of true hip disease, that the disease will relapse and the patient return with marked deformity and perhaps when bone disintegration has begun, as shown by abscess formation. So it is much safer to err on the other side, as prolonged treatment can do no harm, save lead to its share of the atrophy of the muscles following disuse,

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which proper after-treatment can readily correct. This same caution should apply to all tubercular joint affections as well as the hip.

Another symptom we are told of by the parents are "night-cries" or "terrors," an almost constant accompaniment of chronic joint disease. The child will scream out in its sleep, usually during the early part of the night, will be in a half waked condition, but when fully aroused is unconscious of having cried out at all or of pain and soon goes off to sleep again undisturbed. These night-cries become worse as the disease progresses.

The temperature has been found, as I said, rarely over 101° F. even with the formation of a cold abscess, so that if the temperature is above that point, we can be certain some acute process has set in as well.

Pain, when present, which is usually later in the disease, is rarely localized to the point of disease, but is referred to the distal distribution of the sensory nerves, which pass near the diseased area. Thus when pain is present in hip disease, we will find it commonly referred to the inner side of the knee, readily leading to such diagnoses as rheumatic arthritis of the knee, growing pains and the like, until deformity and abscess-formation set in and attract attention to the hip.

So in Pott's disease we practically never find pain in the spine, but in cervical caries we find instead of pain at the seat of the disease, difficulty in deglutition, choking sensations like a string around the throat, trouble in the larynx or thorax (leading to spasmodic cough), numb sensation in the arms, fingers, etc. So in caries of the dorsal and lumbar regions, sensations resembling the pain of pleurisy, gastritis, peritonitis, cystitis, etc., are present, frequently with a feeling of girdling around the body and pain down the legs like sciatica, all due to irritation of the nerves at their exit from the vertebral canal. A relief of these pains and a discontinuance of the "night-cries" and muscular spasm or the reverse will aid us in determining whether our treatment is efficient or not.

In spinal caries nothing aids us perhaps as much in making our diagnosis early as the position of the child when first seen. If the disease is high up in the cervical region the child will have what appears to be an unusual military erectness or stiffness, but in bad and more advanced cases an extreme grade of pseudo-torticollis may be evident, differing from true torticollis, however, in the fact that all the muscles of the neck, especially the deep groups, are in a state of tonic spasm, instead of only one or two groups. In disease lower down in the cervical region from the anatomical construction of its articular processes the child's head may fall backwards or forwards from the same muscular spasm and in both of these regions, as well as in the upper dorsal region, he will endeavor involuntarily to remove the superincumbent weight from the diseased vertebral body, by holding his head in his hands or resting it in his mother's lap or perhaps in supporting his head and shoulders in dorsal disease by resting his hands on his knees or by recumbency. The whole expression of the child is one of anxiety and a desire to remove as far as possible any tendency to jar the spine or allow it to move from a vertical or horizontal line.

Any methods of examination such as pressing down on the head, thus increas the weight on the already sensitive and diseased vertebrae, making the child come down heavily on its heels, concussion of the thigh bone into the acetabulum, etc., are not only cruel but unnecessary and unscientific, as increasing the damage already done by disease, and should be abandoned.

In tubercular disease of the spine, as in all other joints, muscular spasm is one of, if not the earliest of, the signs of disease. I have mentioned the manifestation of this muscular spasm in the cervical region in speaking of attitude; in the dorsal region we find the child more square shouldered than normal, with prominent scapulae and the chest is rather contracted. In lumbar disease, the body is held in a position of lordosis, being nature's method of throw-

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ing the superincumbent weight off of the diseased vertebral bodies back on the healthy transverse and articular processes. The muscular spasm is further shown by the inability of the child to bow the spine forwards, to pick up anything from the floor with both hands, rather preferring to squat by flexing the thighs and legs and keeping the spine erect, to avoid bending it. When sitting on the floor with the legs extended, the child is unable to touch its feet. Any efforts we may make to extend the spine when the child is lying on its abdomen will be resisted by the muscular spasm in the region of the disease and the back will be kept flat and not bowed backwards.

The diagnosis of Pott's disease having been made early before any deformity occurs, there should be little excuse for the frequently seen and most distressing deformity resulting, provided treatment is efficient, thorough and kept up for a sufficiently long time, with the intelligent coöperation of the parents or those who have the care of the little patient.

The early diagnosis of tubercular joint disease in the other articulations should present no serious difficulties, if we bear in mind the insidious and chronic character of the disease, the muscular spasm, the low grade of fever, the absence of acute pain at the very onset, with night-cries, bony thickening and later the rounded contour of the joint, which is rendered more prominent by the muscular atrophy above and below the articulation. Synovial disease, on the other hand, has obscure joint outline, fluctuation usually and but rarely muscular spasm.

Rotary Lateral Curvature of the Spine.—Another common deformity of the spine, that is of the acquired variety, is what is known as rotary lateral curvature and is to be carefully distinguished from Pott's disease, as the treatment of the two is diametrically opposed. In tubercular spinal disease we strive for absolute fixation and in lateral curvature one of the most important elements in treatment is exercise, which would markedly aggravate the symptoms of the former. In Pott's disease, when the deformity appears, it presents a knuckle in the median line, with its convexity backwards, while in lateral curvature the deviation of the spine takes place to one side or the other, with compensating curves above and below, as a rule, in the opposite direction. Simultaneously with this lateral bending, a rotation of the vertebrae occurs, which from their anatomical construction cannot bend markedly laterally without rotation and the longer the process remains unchecked, the superincumbent weight acting through the median plane of the body tends to increase both of these deformities, as the equilibrium of the two sides is lost.

Pari passu with the rotation of the vertebrae in the dorsal region the ribs are bulged backwards on the convex side of the curve and forwards on the concave, producing one of the worst of deformities; a twisted shortened trunk, deviating to one side, a "hump" to one side of the median line, caused by the backward rotated ribs, and a deep furrow exists under the scapula of the opposite side. In a stripped patient, when this deformity is marked, the diagnosis is apparent at a glance, but in an early case on the diagnosis of which at the onset the prognosis depends, careful inspection is essential to determine the condition.

In lateral curvature we may say there are no symptoms, save perhaps those dependent on muscular and nervous weakness or exhaustion and neurasthenia, but even these may not be present. This affection is seen most frequently in girls, but also occasionally in boys, about the age of puberty, in whom the rapidity of growth is disproportionate to the muscular strength. It is probably as common in boys as in girls, but the same amount of attention is not paid to the attitudes and the figures of the former as of the latter; so the orthopedic surgeon does not, as a rule, see many beginning cases in boys, but only the most advanced and severest of the neglected forms.

Faulty attitudes ensue in sitting, standing and walking. These children are brought to the orthopedic surgeon by

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their mothers, whose attention has been attracted often by the dress-maker to the dropping of one shoulder, the prominence of one hip or the projection of one shoulder blade, which are secondary to the backward rotation of the ribs and lateral deviation of the spine. Therefore any treatment directed to these secondary deformities accomplishes nothing.

In early cases our diagnosis can frequently be made from the patient's age and nervous temperament and by stripping the child to the trochanters at least, viewing the back from above and below, as the patient bends forward, which increases the rotation and the ribs or lumbar muscles on one side will be seen to be more prominent than on the other. Round shoulders and a generally relaxed musculature are the rule in these cases. Later by marking with a skin pencil or ink, the tips of the spinous processes, the lateral deviation will usually be apparent at a glance.

A triangular interval exists between the arm of the more convex side and the waist, while on the more concave side the arm is close to the body and no such interval exists.

In Pott's disease occasionally one sees a lateral as well as an antero-posterior curve, but rarely in an early stage and its character is easily diagnosed by the presence of night-cries, temperature and muscular spasm, none of which, of course, are present in true rotary lateral curvature, which is generally considered to be a condition rather than a disease.

Paralysis.—The long list of deformities resulting from infantile paralysis and the many other forms of cerebral and spinal paralysis require our early recognition and persistent treatment. Left untreated, the action of gravity, the constant pull of the unaffected muscles and the body weight cause dislocation of the bones, in some cases, with false articulations, relaxation of the ligaments or the reverse, which lead to endless trouble in their correction and serious deformities. Examples of these deformities are seen in the many varieties of paralytic club-foot, in superextended knee, etc., which if properly supported in the normal position by some retentive apparatus at an early period, before deformity occurs, which together with the other usual methods of treating paralysis, will not only assist in the restoration of function to the remaining fibers of the atrophied muscles, which thus act in their normal directions, but we will get frequently results far from unsatisfactory.

Townsend's monograph on "The Necessity for Early Mechanical Treatment in Infantile Spinal Paralysis" (*Medical Record*, January 30, 1892) covers these points most thoroughly, of which the scope of this paper precludes that possibility.

Rickets.—Rachitis is another fruitful source of deformity, the diagnosis of which is so easily made. Early treatment of this affection by manipulation of the deformities of the extremities, such as knock-knee, bow-legs, etc., before bony hardening has occurred, together with recumbency, proper feeding and medical treatment, yield most exact and gratifying returns.

However, many wait, as is the case in club-foot, until the child is older, when manipulation and splints are no longer of avail and nothing short of osteotomy or osteoclasis, followed up by retentive apparatus, will obtain the desired results. The frequency of these operations, however, is well shown by the reports of hospitals where children are treated and surgeons, I may say, rarely operate on the softened bones of rickets, as the deformity is just as apt as not to return, unless splints are worn afterwards until hardening occurs, a result which splints alone with manipulation would accomplish without any operation.

The children that are operated on are usually from four to eight years of age, whereas bending by the hands, intelligently applied several times daily and in extremely bad cases by corrective splints, together with proper feeding, many cases can be cured usually before the end of the second year.

Flat-foot.—Flat-foot is another extremely common and acquired affection which can be checked at the onset. Its frequency is perhaps to be attributed to

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our early dancing school education of "turning out our toes" and to those occupations which require prolonged standing, usually in those individuals of lowered vitality.

These two points help us in our early diagnosis, when a patient comes limping in, complaining of pain on the inner side of the foot at the scapho-astragaloid articulation, which is most tender on pressure, and pain radiates up the leg and to the ball of the foot and heel. These patients walk with a stiff foot, as the ankle-joint and medio-tarsal joint motion is restricted more or less, on account of the pain, which is due to ligamentous strain, dislocation of the tarsal bones, etc.

The arch may be perfect in the early stages of this affection and yet the painful symptoms of flat-foot may exist in every respect as they do in the late stages. Efficient treatment is directed to a proper support and position in standing, walking and running, so that the normal line of weight-bearing will fall as it should through the patella, astragalus and second toe, and not as it does in flat-foot to the inner side of the great toe.

These preventive measures together with proper exercise to restore the normal motions of the foot will remove the trouble and prevent its going on to the stage of absolute destruction of the antero-posterior and transverse plantar arches, which cannot be restored without the various surgical procedures we make use of to overcome the deformity.

In conclusion I wish to make a plea for the scientific, thorough and efficient treatment of the affections which lead to deformity and will quote in this connection a portion of Dr. Charles Fayette Taylor's paper on "The Mechanical Treatment of Angular Curvature or Pott's Disease," read before the New York Medical Society in 1863. He there said, "Though a disease so common that we see the deformity which it produces almost every time we enter an assembly or go into the streets, yet I have observed that these cases are too apt to be avoided by the general practitioner, the physician contenting himself by sending the patient to an instrument-maker for one of the many apparatuses to be found in the shops and too often leaving the whole matter of kind, form and fit to the selection of the mechanic. Now the transferring of this responsibility from one's own shoulder to the blacksmith might be well enough if this person were a pathologist and anatomist as well as a mechanic, but as unfortunately that is never the case, the only alternative would seem to be for the doctor to control the mechanical part of the treatment himself. The mechanic may assist the surgeon, as the nurse does the physician, but the one should never take the other's proper place. This would seem the more necessary, since no two cases are mechanically alike and no instrument, no matter how well adapted to one case, will necessarily be proper for another. Simply to apply an instrument is not enough; it should have a definite object and be mechanically, anatomically and physiologically adapted to each particular case; if it fail in any of these, it will be ineffectual. . . .

"These observations must be allowed, for extensive acquaintance among this class of cases has forced the conviction upon me that the subjects of Pott's disease belong to what may be called 'neglected cases.'"

These statements made in 1863 are just as true today as they were then, but having in a measure remained unheeded, the vast majority of the cases that come into the hands of orthopedic surgeons are still what may be termed "neglected cases," whether it be spine or hip, knee or foot and so on.

Dr. C. H. Golding-Bird of London, in reply to a certain inquiry of Dr. Lewis Sayre's, as to the value of plaster-jackets, said in part, "When I add that leading instrument makers advertise that they put on 'Sayre's jackets' for the profession and also that leading surgeons send their cases to them for the purpose and when I know," he says, "of my own knowledge, that the jackets were nothing but stiff 'belly bands,' rapidly excoriating the flanks and worse than useless, their uselessness is made known as the fatality of 'Sayrism.'"

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(*New York Medical Journal*, March 23, 1895.)

Henry Ling Taylor says, "There is less excuse for entrusting a case, which may result in a permanent and distressing deformity, to a blacksmith or instrument maker, than there is in sending a patient to have glasses adjusted by a street peddler, a shop keeper or an optician. The type of mind that sees in ophthalmology only a question of spectacles, will regard orthopedy but a question of braces." (Principles and Methods of Examination in Orthopedic Practice." H. L. Taylor, M. D., *Maryland Medical Journal*, July 20, 1889.)

THE CAUSES OF HALITOSIS OR FOUL BREATH.

READ AT THE FORTY-SIXTH ANNUAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION, HELD AT BALTIMORE, MD., MAY 7-10, 1895; IN THE SECTION ON LARYNGOLOGY AND OTOLOGY.

By William T. Cathell, M. D.,
Baltimore.

A CAREFUL study of the cases of halitosis —(The term "halitosis" signifies diseased breath; it is derived from the Latin *halitus* (breath), and the Greek *nosos* (disease).— *Harvard*),— that have come under my observation in a practice limited to diseases of the throat and nose, for several years, leads me to the following conclusions: Halitosis, no matter how great or how distressing, is only a symptom, can occur at any period of life, is due to different causes, occasions no pain, not dangerous, occurs under a variety of circumstances, most frequent in the male sex, and is a prominent symptom of numerous affections and diseased conditions, yet is an affliction so repulsive and humiliating as to often make it the most marked and distressing feature of a case, causing annoyance severe, and unhappiness intense, both to the sufferer and to all who are compelled to associate with him.

The student of halitosis should be familiar with the physiology and normal chemistry of the body, and also with bacteriology and the principles of vicarious elimination, as he must necessarily go beyond the affection itself; and search into its many and diverse causes, which may be found in the mouth, throat, nose, lungs, skin, kidneys, liver or bowels; in some cases occult, in others easily discovered; but no difference how produced, halitosis ranks so high among personal blemishes that it is certainly worthy of careful study.

Physiology teaches us that the reception of oxygen and the expulsion of carbonic acid gas is the function of the respiratory process. Every breath we exhale simply carries off a certain amount of animal heat, carbonic acid and moisture; hence, in health there is, and should be, no unpleasant odor from the expired air; but as soon as other natural outlets are disarranged or closed by disease, vicarious elimination begins, extraneous materials are added to the breath, and halitosis ensues.

This is because nature, to prevent their poisonous effects on the system, to maintain an equilibrium, and to prevent auto-infection, must throw all poisonous excreta and accumulations off somewhere — if not by their natural outlet, then vicariously by other organs and eliminating glands; and accordingly, many hurtful agents pass off thus by the lungs when their proper emunctories are overworked, disordered or diseased, and serious alterations of the blood and great morbid organic changes are thus prevented.

A considerable proportion of the cases of halitosis that I have encountered were coupled with scrofula and general debility, or low vitality and derangement of the function of digestion, and weakness or want of power of assimilation. I have also satisfied myself that the results of retained and decomposing detritus in the bowels may easily produce foul breath, because in constipa-

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tion due either to deficient peristaltic action, or to deficient secretion of mucus from the lining membrane, the imperfectly digested food undergoes rapid metamorphosis and decomposition, and not only lessens the normal secretory function of the intestinal glands and prevents them from throwing off the natural products of tissue-waste, but also invites the blood-vessels to take up the gaseous products of indigestion and to excrete them by the pulmonary mucous membrane. Result — *tainted breath.*

The kidneys, for instance, assist in carrying off the products of metamorphosis and disintegration, in the shape of urea, creatine and creatinine. The lungs assist in the form of carbonic acid, composed of one part of carbon and two of oxygen. The liver relieves the blood of bile and various other substances. The bowels assist in the form of creatine, etc.

When all these organs are performing their functions normally they give the expired air no unpleasant odors; but as soon as they are disarranged, or their gateways are closed, a process of exosmose pours the odors out from the blood through the delicate air-cells into the more minute air-passages, thence to the smaller bronchial tubes, on into the larger ones, and through trachea, larynx, pharynx, mouth and nose. Tainted breath is the result. The odor of many drugs and of various kinds of food and liquids having strong and peculiar odors, as copaiba, onions, cheese, spices, etc., pass readily from the stomach into the circulation, and being eliminated by the lungs, taint the expired air, each giving the breath its special odor. In fact, the gastro-intestinal and gastro-pulmonary mucous membranes all have great vascularity, and their affections — indigestion, constipation, flatulence, the odors of foods, etc.— easily taint the blood and create fetor of the breath. And just here it may be stated in a general way that an excess of sulphur, however formed, combined with the hydrogen-vapor given off with the breath, creates phosphuretted and sulphuretted hydrogen, and of course a foul or even a rotten-egg breath.

The influence of mental emotion, peevishness, ire, passion, depressed spirits and nervous debility, in changing healthy to morbid conditions, must neither be overlooked nor underrated, for they are each capable of exciting decided and obstinate varieties of bad breath. In halitosis of mental origin I am not able to trace the chain of connection as clearly as we would a telegraph connecting different communities, but suppose the combination is due either to the conductivity of nerves through brain action affecting ganglionic nervous sympathies and vascular links, or to direct irritation of the vaso-motors, else to some mysterious and undiscovered nerve-connection that may exist in the nature of a tropho-neurosis.

Extensive burns seem also capable of causing foul breath. My father, Dr. D. W. Cathell, once told me of a youth with extensive burns on the face, neck, hands and arms that proved fatal at the end of four months. During this time, his breath, said to have always been pure and sweet, changed to a disgusting odor resembling that of bisulphate of carbon.

The catamenia has the power to taint the breath in some females whose breath is pure and sweet at other times.

Halitosis is one of the diagnostic signs of various diseases; especially in chronic wasting affections, where there is disturbed nutrition and retrograde tissue metamorphosis, with more waste of tissue than nutritive repair, the natural eliminating glands becoming unable to do all the work required, vicarious elimination by the lungs begins and bad breath ensues.

Diabetes mellitus can produce a sickening fetor of the breath, reminding one of honey or sugar; Bright's disease can give an ammoniacal odor to the expired air, both being examples of the circulation in the blood of its own poisonous elements, and of attempted vicarious elimination.

Putrid bronchitis and dilated bronchi, dependent on chronic bronchitis, bronchiectasis, and in fact, the accumulation and decomposition of muco-purulent material in fetid cavities anywhere

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in the air-passages, or a vomica lined with a pyogenetic membrane, necessarily load the sputum and breath with pulmonary fetor, often so horrid as to resemble sulphuret of potassium ; and pulmonary gangrene makes the breath so revoltingly and peculiarly offensive, especially after coughing, as to make the sufferer an object of disgust to himself and to all around, filling a whole room with a fetid and intolerable stench, reinhaling which must be an actual poison. I have seen but two cases of it and these are quite enough.

Tuberculosis may sometimes be recognized by the peculiar odor it communicates to the breath ; and unclean teeth, decaying tooth substance, tartar and the leptothrix buccalis, about their roots, particles of food in cavities and in the dental spaces, and lowered vitality of the gums in scrofulous persons, can each cause an extremely foul or putrid breath ; but whether bad teeth are the sole cause of any case of halitosis, or only an accessory, is an important question, so much so that we must never promise too much from the application of the dental forceps.

The mucous membrane covering the tongue is often seen to be catarrhal, furred and desquamating in otherwise healthy persons, the material on the tongue consisting of an excessive shedding of epithelium, pathological though superficial, besides mucus and swarms of bacteria ; here the fetor is due to the decomposition of these three products. Besides, when the tonsil, pharynx, etc., become inflamed from any cause whatever, the tongue also becomes furred and thickly coated with altered saliva and buccal mucus, and readily becomes a cause of foul breath, and the mucus and other debris scraped from it emit a repulsive odor.

The excessive use of tobacco can also give the breath a vile odor ; and in marked cases of chronic alcoholism, the breath has a characteristic odor well known to all physicians, and in all seriousness I state my belief that the seriocomic cases we see reported of spontaneous combustion, or catching afire of rotten alcoholic breaths, result not so much from the breath being loaded with alcohol, as to its chemical decomposition, and atomic mingling of the resulting carbon and hydrogen, creating inflammable carburetted hydrogen.

Dyspepsia and gastric catarrh may also give rise to marked halitosis, and when due to these it seems to be caused by vicarious pulmonary elimination, united with tongue catarrh and a peculiar tendency to decomposition of the oral and nasal secretions.

Diseases of the nose and throat are responsible for a large percentage of the stinking breaths encountered, for, besides their being the chief avenues of respiration, there is a close connection between the diseases of these avenues and the general health of the body.

Among the affections causing halitosis that naturally fall within the province of the throat and nose specialist, ozena holds first rank. It is characterized by certain well marked pathological features, and is usually associated with atrophy or destruction of the nasal mucous membrane and its glands, and possibly with the presence of polypi or dead bone.

Besides the muco-purulent secretions of ozena, there are pus cells, mucus, and enormous quantities of bacteria. Some other varieties of halitosis may be present one day, week or month and absent the next, but ozena is both omnipresent and disgustingly malodorous, as though a thousand varieties of buzzard-nest bacilli, rotten-egg micrococci, cess-pool spirilla and garbage-box bacteria were holding an endless stink convention in that miserable victim's nasal fossae.

Nasal and post-nasal catarrhs, with their diseased membranes and stale secretions, are also the cause of very many stinking breaths.

Adenoid vegetations of the nasal vault, with the resulting mouth-breathing in children, is another affection that causes foul breath, in a way that is easily understood.

Imperfect development of the turbinated bones, and decomposing secretions in the sphenoidal and ethmoidal cells, all tend to favor the retention of secretions and to create an acid that under-

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goes a special ferment, with halitosis. I have seen numerous cases of chronic enlargement of the tonsils, chiefly in scrofulous youths and children, with foul breath, that was due to decomposing inspissated secretions in the follicles.

Either simple or follicular stomatitis, and gingivitis, can create fetor, and specific lesions and growths of the mouth, nose, larynx and trachea are also well known sources of halitosis; and the mercurial stomatitis sometimes induced in their treatment creates a very fetid cadaveric and characteristic breath. So also the free use of phosphorus, arsenic, antimony, lead, etc., may cause a phosphoric, phosphuretted, or even a fecal odor of breath.

Masses of necrosed bone anywhere in the mouth, throat, nose, antrum or frontal sinuses, cause an extremely offensive breath, often clearly recognizable several feet away.

Follicular pharyngitis, commonly called clergyman's sore throat, due to debility, over-use of the voice, repeated colds, or downward extension of inflammation from the mouth or nose, creates a penetrating, unbearable breath. In this affection, although the mucous lining of the posterior nares is diseased, the chief seat is in the follicular pouches of the mucous membrane of the pharynx, which becomes filled with inspissated mucus and epithelial debris, resembling cheese in consistence; and these are the source of the halitosis.

In chronic follicular tonsillitis, the crypts are the parts most affected, and their mucous linings being in an unhealthy catarrhal condition, pour out a secretion that tends to become inspissated and cheesy, and afterwards to decompose and stink. We frequently see their points protruding from the surface of the glands like firm, yellowish-white masses, that may be squeezed from their crypts. These have a fetid odor that is positively sickening.

Purulent and muco-purulent rhinorrhea, due to rhinoliths, salivary calculi or foreign bodies—beans, peas, shoe-buttons, cherry seeds, pebbles, masses of food, etc.—may also be the unsuspected cause of bad breath in children, sometimes even amounting to a horrid stench.

Cancerous, syphilitic or benign ulceration of any of the linings of the upper air-passages, mouth, pharynx, larynx, trachea or bronchial tubes, may easily cause halitosis; and chronic ulcerative inflammation of the turbinated bones, inspissated material, desiccated mucus, cheesy deposits or purulent collections due to inflammatory action anywhere in the nasal cavities, or in any of the sinuses opening into the nose, may cause halitosis, especially when, owing to stenosis, the nasal secretions are compelled to pass backward into the pharynx.

I might say here, that independent of special lesions, fetor due to the upper air-passages may result either from the excessive production of epithelium, or to dryness from diminished activity of the neighboring glands, as we see in atrophic catarrh.

Some persons seem to have a peculiar congenital tendency to decomposition of their nasal secretions, and tainted breath ensues in them very readily.

Mouth-breathing from nasal stenosis or any other cause may either create halitosis or increase one already existing; and every person on earth, and especially those with foul breath, should keep their mouths closed and breathe through the nose. In fact, man, with all his boasted superiority and intelligence, is the only being that can violate the natural law and breathe through the mouth; all other animals, domestic and wild, the horse, the cow, the dog, the cat, the wolf, the lion, the rabbit, all breathe through the healthful channel provided by nature—the nose; and not doing so is not only a cause of halitosis, but is one of the chief reasons why man is the most sickly of beings; and were some angel of power to give me the privilege of saying nine words that would be heard by every human being on earth, these words would be: *except when eating or speaking, keep your mouth shut.*

Can a foul breath be due to odors rising from the stomach through the esophagus? Certainly not. Because, except during deglutition and eructa-

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tion, the stomach is closed by the sphincter at its junction with the esophagus, and no odor can pass upwards.

Some persons through their own olfactories are conscious of the fact that their breath is foul, and others are ignorant of the fact, and may not discover it for years, unless they are told. Whoever has a peculiar pasty taste in his mouth should suspect that his breath is foul.

In every case of halitosis, and especially in those of an unusual character, our first duty should be to search out the exciting cause, and if possible remove it; and to insure against possible error, and to ascertain whether the odor results from the condition of the lungs, the stomach, the bowels, the teeth, the nose or the throat, the buccal and the nasal cavities should be throroughly examined, and even though there is no cognizable disease of either, the mouth should be washed thoroughly, and the teeth cleaned before beginning further examination; for in cases of halitosis as in all other diseases requiring a discriminating diagnosis, it is well to follow Davy Crockett's wise motto, "Be sure you're right, then go ahead."

SOME OF THE DIAGNOSTIC NERVOUS MANIFESTATIONS OF SYPHILIS.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, APRIL 9, 1895.

By J. Allison Hodges, M. D.,
Richmond, Va.

THE nervous symptoms are more manifest in proportion to the absence of cutaneous symptoms. All the nervous symptoms are not always dependent on syphilis. A number of nervous diseases have their origin in this malady. In diagnosing the disease, the medication method is unreliable, some other affections being improved by it. The nervous symptoms may be developed in each stage of the disease, but it is in the tertiary stage principally that the gravest lesions of the nervous system appear; and since it is especially in those cases where the ordinary secondary manifestations were wanting that we are to expect these complications, it is important for physicians, in making such a diagnosis, to be prepared to recognize the first danger signal that may be manifested. The primary stage has no prominent nervous symptoms, those present being referable rather to the concomitant anemia than to the action of the specific poison. The secondary stage presents more marked evidences of implication of the nervous system—various neuralgias, dyspepsia of nervous origin, cardiac palpitations and meningitis, cerebral or spinal, being characteristically present. The tertiary stage gives evidences of numberless shades and varieties of nervous affections and in this period of the disease the nervous symptoms manifested are due solely to the influence of the specific virus circulating in the blood and irritating the delicate nervous structures.

The symptoms produced may be those due to an inflammation or degeneration of the nerve centers themselves, or to the effects produced by pressure upon the nerve centers or trunks by product of this same form of inflammation located in contiguous structures—the symptoms all showing lesions either of the intracranial organs or of the spinal cord, less frequently of the spinal nerves.

The diagnostic symptoms detailed are also diagnostic of other diseases. It is by association that we determine the disease, as locality, etc. There are periodic occipital headaches in nearly every case, absent in the forenoon, returning most frequently at night and becoming worse. I have never found any tenderness on pressure. The diagnostic nervous manifestations of syphilis are: 1. Headache, which disappears if paralysis occur. 2. Insomnia, nearly always associated with headache and disappearing with the appearance of con-

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vulsions or paralysis. It differs from the insomnia of neurasthenia and melancholia in that it occurs in the early night, the victim arising in the morning ready for his daily labor. 3. Vertigo, occurring usually with the headache. It may be transient, but becomes worse as the disease progresses. 4. Convulsions. In the adult they are not preceded by convulsions in youth. 5. Tremor, present in one-half of cases. It occurs most often, in the order named, in the hands, tongue and over the whole body, and is accompanied by headache. If it occur in a limb, it is the precursor of paralysis of the limb. 6. Hemiplegia. 7. Erratic distribution of paralysis, as aphasia with or without hemiplegia ; ptosis ; insanity or epilepsy with paralysis of one arm or leg. It is suggested that ptosis occurring suddenly points nearly always to syphilis. 8. The use of electricity to determine central or peripheral lesions. 9. The presence of great physical weakness and mental dulness. This is one of the most valuable of the nervous manifestations, being out of proportion to the seeming condition of the patient. 10. History of the case. In women the history of many abortions in succession would point to syphilis. In the treatment of syphilis the iodides should be given in sufficiently potential doses in Carlsbad or other waters. The cases I report show how easy it is to overlook the disease in the tertiary stage, when the first and second were not noticeable. In conclusion, let me say we could often abort syphilis by studying the nervous system and giving treatment in time.

UNEXPECTED RESULT OF TAPPING THE HEART.— Sloan (*Medicine*) reports a case of accidental puncture of the heart after respiration and heart action had stopped, followed by resumption of heart action and recovery. The patient was a female, aged 19, a sufferer from erysipelas of the face. In previous years she had three attacks of acute rheumatism with mitral endocarditis. The erysipelas subsided, but a few days later there was evidence of pericarditis and of an aggravation of the endocardial affection. Marked effusion followed the pericardial inflammation, but the patient refused aspiration, though it was deemed advisable from her critical condition. Three weeks after the pericardial friction had developed, death seemed approaching. The pulse was very rapid, barely perceptible. The physician was ready to aspirate, but still it was refused. As the physician stood ready to perform the operation, respiration ceased and the heart stopped. To quote the author's own words : " In a moment of excitement I jumped up, seized the aspirator, and plunged the needle into the fourth interspace, about half an inch to the left of the sternum and a little below the left nipple. To my astonishment, from eight to ten ounces of pure blood flowed rapidly into the bottle of the aspirator, then suddenly stopped, and to my dismay I found I had penetrated the cavity of the heart. As I was slowly withdrawing the cannula, regretfully telling the nurse it was all over and to close the patient's eyes, to my surprise the heart made first a feeble, irregular movement, then a sudden jump, and then finally, like a pendulum regaining its swing, it started to beat again." A somewhat rapid convalescence followed; within seven weeks the patient was in apparently perfect health.

In his conclusions the author raises the question whether if accidental cardiac tapping was in this case, as in some others, followed by recovery, there is not a class of cases where it should be tried as a deliberate remedy, *e. g.*, in cases of asphyxia, suffocation by drowning, accidental hanging, chloroform asphyxia, etc.

* * *

TREATMENT OF BUBOES.— A practical method of securing compression in the treatment of buboes is recommended by Neebe (*Therapeutic Gazette*). He uses a ball of wool, half again as large as a man's fist, which he places over the enlarged gland and binds in place by a firmly applied spica of the groin. To avoid slipping from its proper position a few large safety-pins are placed in the bandage.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, JULY 27, 1895.

Early Notification and Doubtful Diagnoses.

THE law enforced in many States, cities and countries requiring an early notification of contagious diseases has suffered a setback in England by a recent court decision and an award for damages against a physician for calling a disease smallpox which was not that disease. Every one knows the extreme difficulty of recognizing many diseases at the outset and in the abortive and peculiar types of the eruptive diseases the difficulty after the time the eruption ought to appear is even much greater. Out of 1263 cases in London certified as smallpox 155, or 12.2 per cent., were found not to be suffering from that disease.

Now the question is what shall the medical man do when in doubt? If he fails to report what appears to be one of the dangerous contagious diseases he runs the risk of a fine and also of spreading the disease. Should he, however, report a case which appears to be smallpox or some such disease and which is really not, he runs the risk of a suit for damages and in the case where that patient is removed to a pest hospital, this exposure may actually bring on that very disease or one equally dangerous when such would not have otherwise occurred.

The difficulties are still greater when the negro population is large for, as is well known, scarlet fever in the dark-skinned race is hardly of a scarlet hue and all other eruptive diseases have a peculiar appearance in the African race which experience alone will help to recognize. If persons are allowed to bring suits for errors in notification and if courts will allow damages for these errors, all the benefits of the notification act will be lost. The average physician does not, as a rule, report a case of one of the contagious diseases because it is the law but because as a conscientious physician and a good citizen he feels that by so acting he is doing the greatest good to the greatest number.

All this points to the importance of detention hospitals or wards where doubtful cases may be kept until the diagnosis is certain. In the case of the wealthy citizen who may wish to be treated at home, it has been proposed to set apart in the house of the wealthy a room which shall be known as the hospital room and which shall be used for all cases of illness. This has not a very cheerful effect when all are in health, but in such doubtful cases perhaps an isolation room could be arranged so that the patient can be cut off from the rest of the family until the decision as to whether he is dangerous or not has been reached.

Obstacles in the way of notification in the average American city are also the fact that the health department is usually in the hands of politicians, and inspectors are generally men appointed, not by the health officers, who should be best able to judge of the fitness of such men, but they are persons with little or no education, and often with no experience, who are appointed at the request of some ward politician and their work is in too many cases done in a perfunctory manner or not at all. The notification act in most cities needs a careful revision before it can do the good it should do.

Since, however, notification is unpopular both with the physician who is not paid for this work and the householder who dreads

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the prying and ignorant inspector, dangerous cases escape attention and spread disease.

* * *

Country Surgery.

WHEN the city physician has a difficult case which requires assistance, it is an easy matter to call in a colleague and have a consultation and this exchange of opinion is usually for the patient's benefit. When the country physician, however, has a difficult case he either has to work it out himself or send it away to the city and lose it altogether. When a man is in a puzzling position and has to rely on himself, he usually works it out and uses his brains and for this reason the country practitioner often has a better head on his shoulders than his city confrère.

The records of country surgeons who practice all specialties show ingenuity and skill and such work where self-dependence is all important brings out the best in a man. Dr. Henry E. Stafford of Salinas, California, has recorded some of his work in the *Pacific Medical Journal* and this he has written, he says, "for the perusal of my humble country brethren who like myself are trying, or would like to try, even under disadvantageous circumstances, to do their own surgical work instead of sending the most important and best paying part of their practice to the city surgeon." Of course this writer does not mean that he would attempt to treat and operate on cases which he does not understand rather than have them properly treated in the cities.

His method of reducing an otherwise irreducible hernia is, as far as he knows, original with himself. He was called on two different occasions to reduce an enormous hernia and failing in the usual methods of taxis, he took an ordinary rubber bandage two and a half inches wide and three yards long, and winding it around the scrotum containing the hernia and with the penis, commencing below the center and drawing it tighter at the lowest part until all the parts were covered by the bandage, which exerted constant pressure. With each layer he drew it tighter and before half the bandage was used up the bowel had slipped back and the hernia was reduced. This was not as painful as taxis and was much more effective. This same method he used in reducing a prolapsed rectum in a boy.

This is the type of a man who thinks and many of our best ideas in medicine and surgery have been evolved in like manner by men who, without help, have been obliged to think for themselves. The city physician rarely thinks beyond a certain point, while his country colleague in his long and lonely drives or rides throughout the country is making the best of his resources and develops his mind far in excess of his city brother.

Thus when the country practitioner envies his professional colleague in the city, he must remember not only the advantages of city life, but also disadvantages, and the city physician, too, should thank his country brother for many original ideas and hints in the practice of medicine and surgery.

* * *

Sudden Death.

SUDDEN death is ordinarily attributed to heart disease and the common expression "heart failure" shows the endeavor on the part of the profession to find some term which shall be intelligible to the laity explaining sudden death. Dr. Thomas M. Durell, in his duties as medical examiner, in the *Boston Medical and Surgical Journal*, regrets that so many sudden deaths are not investigated and says that it is a popular belief among the laity, and the profession as well, that the cause of sudden death is either a disease of the heart or an apoplexy. He believes that a large number of sudden deaths occur each year from undetected pneumonia. He has found in many instances in post-mortem examinations small and even large patches of lung consolidation which had not at all been suspected during life and in so many cases added to this pneumonia was alcoholic excess and exposure to cold and wet. A man is arrested and put in a cell and in the morning is found dead. Or a woman comes home feeling badly and chilly and the next morning she has passed away. Again edema of the brain from alcoholic excess may and often does cause sudden death.

There may be many other causes enumerated but the moral is, in the writer's opinion, that the making of an autopsy in sudden death is absolutely necessary and should be demanded by every physician.

If the coroner and city physician would take the work of Dr. Durell to heart and then urge the necessity of autopsies in all cases possible, they would add much to the statistical literature of medicine and indirectly prevent some of the many sudden deaths.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 20, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		6
Phthisis Pulmonalis		14
Measles	25	3
Whooping Cough	5	5
Pseudo-membranous Croup and Diphtheria.	6	4
Mumps		
Scarlet fever	12	1
Varioloid		
Varicella		
Typhoid fever	7	6

It looks now as if the *Index Medicus* would be continued.

The Dartmouth Medical School has raised its standard of admission.

The movement to build a hospital for consumptives near Baltimore has been revived.

According to the Chicago *Tribune* the physicians of that city do not collect more than one-half of their accounts.

A physician in Berlin was recently imprisoned for one month for writing a prescription carelessly, thereby causing death.

The Metropolitan Telephone Company of New York allows free use of its pay stations to call a physician or ambulance.

When a physician in Arkansas becomes an habitual drunkard the State Board of Health is by law enjoined to revoke his license.

The Monthly Retrospect of Medicine and Pharmacy is a new publication just received at this office. Its editor is Dr. E. H. Gingrich of Philadelphia.

We learn that Dr. F. Ferguson has been appointed visiting physician and pathologist, and Dr. George F. Shrady a visiting surgeon to the Columbus Hospital of New York.

It has been proposed in England to make butchers and fishmongers pass an examination in the use of the microscope before being granted a license.

Two physicians of New York have recently been awarded damages for libels on suits against the New York *Sun*, and $25000 against the *National Police Gazette*.

Professor Hering has been called from Prague to succeed the late Professor Carl Ludwig in the chair of Physiology at Leipsic.

A Clinic of Mental Diseases has been established in the University of Giessen. Kiel and Rostock are now the only German universities which have no psychiatric clinic.

The following names of distinguished scientific and medical men will be given to different Paris streets: Trousseau, Charcot, David Ulysse Trélat, Milne Edwards, Jean Baptiste Dumas.

It is claimed by the Oriental Life Insurance Company of Calcutta that for the past twenty-five years not a death has occurred which could be directly attributed to the use of opium.

According to the census of 1890 there were said to be at that time in the United States 104,803 physicians and surgeons, that is, one to every 600 population, 89,630 lawyers, 88,295 clergymen, 58,090 nurses and midwives and 17,498 dentists.

At a meeting of one of the large English insurance companies it was shown that more than six hundred thousand dollars had been paid out for deaths due to influenza. The report of the Secretary showed that this disease has cost the insurance companies more in the last two years than in the previous forty-three years.

The American Laryngological Society has decided to hold its next meeting at Pittsburg, Pa. The following officers were elected for the ensuing year: President, Dr. W. H. Daly, Pittsburg; First Vice-President, Dr. Jonathan Wright, Brooklyn; Second Vice-President, Dr. A. W. de Roaldes, New Orleans; Secretary and Treasurer, Dr. H. L. Swain, New Haven; Librarian, Dr. J. H. Bryan, Washington.

At the meeting of the Medical Society of New Jersey, the following officers were elected: President, William Elmer; First Vice-President, T. J. Smith; Second Vice-President, D. C. English; Third Vice-President, C. R. Fisher; Corresponding Secretary, E. L. B. Godfrey; Recording Secretary, William Pierson; Treasurer, Archibald Mercer. The next meeting will be held at Asbury Park, the fourth Tuesday in June, 1896.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending July 22, 1895.

Leave of absence for one month with permission to apply for an extension of ten days, to take effect on or about July 20, 1895, is granted Colonel Dallas Bache, Assistant Surgeon General, Medical Director Department of the Platte.

Leave of absence for two months, to take effect on or about July 13, 1895, is granted Colonel Charles T. Alexander, Assistant Surgeon General.

Captain William H. Corbusier, Assistant Surgeon, will in addition to his present duties take charge of the Medical Supply Depot in New York City, during the absence on leave of Colonel Alexander.

UNITED STATES MARINE SERVICE.

Fifteen days ending July 15, 1895.

P. H. Bailhache, Surgeon, to assume command of Camp Low Quarantine, July 5, 1895.

W. H. H. Hutton, Surgeon, to report at Bureau for temporary duty, July 12, 1895.

W. A. Wheeler, Surgeon, relieved from command of Camp Low Quarantine, July 5, 1895.

C. E. Banks, Passed Assistant Surgeon, to proceed to Detroit, Michigan, on special temporary duty, July 5, 1895.

H. T. Goodwin, Passed Assistant Surgeon, granted leave of absence for thirty days, July 12, 1895.

G. T. Vaughan, Passed Assistant Surgeon, granted leave of absence for seven days, July 6, 1895.

J. B. Stoner, Passed Assistant Surgeon, to proceed to Detroit, Michigan, for temporary duty, July 12, 1895.

J. M. Eager, Passed Assistant Surgeon, to proceed to Southport, N. C., and assume command of Quarantine Station, July 6, 1895.

W. J. S. Stewart, Assistant Surgeon, granted leave of absence for nine days, July 5, 1895.

H. W. Wickes, Assistant Surgeon, granted leave of absence for twenty-three days, July 5, 1895.

BOOK REVIEWS.

REMOTE CONSEQUENCES OF INJURIES OF NERVES AND THEIR TREATMENT. By John K. Mitchell, M. D., Physician to St. Agnes Hospital, Assistant Physician to the Orthopedic Hospital, Lecturer on Physical Diagnosis University of Pennsylvania, etc. Lea Brothers & Co., Philadelphia.

This little volume is not only an interesting and important contribution to neurology, but it possesses an additional value in the fact that many of the cases here recorded were first observed by Mitchell, Morehouse and Keen, and published in 1864. Consequently we have here the unique record of cases for a period of more than thirty years. Chapter I is devoted to the consideration of contusions of nerves; a number of cases are mentioned showing the effect of injury near, but not directly involving, the nerve itself. Especially interesting are the curious trophic effects resulting from apparently slight structural disturbance, and lasting many years.

In Chapter II, Section of Nerves, attention is directed to the persistence of sensation, and the possibility of the nerve not being entirely divided is suggested as an explanation. Of course in some instances anastomosis might be more or less complete. In a few cases motion was partly or wholly regained, while sensibility remained impaired. This is certainly very rare. Among the curious after-effects may be mentioned exaggerated sensibility to heat and cold, and in some instances a higher local temperature on the injured side persisting years after the receipt of the injury.

In Chapter III there are a number of interesting cases of injury to the cord. In some of these cases there was marked degeneration of the columns of the cord, curiously enough not always following the rule. In some of these cases polyuria was noted and also marked increase of the sexual instinct.

Chapter IV illustrates the various ways in which the inflammatory process, originating in one nerve, may spread to others or even involve the cord. It is significant, in view of certain recent theories, to observe how rarely the cord becomes involved in neuritis. Under the heading "Miscellaneous Cases" are reported several interesting instances of tremor following nerve injury. The last two chapters in the book are devoted to the consideration of nerve degeneration and repair, and to the treatment of nerve injury and inflammation. The book is a valuable one and will be read with interest not only by the specialist, but also by the general practitioner.

BULLETIN OF THE MEDICAL SOCIETY OF THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

The fourth number of this Bulletin, under the able editorial management of Dr. Eugene

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F. Cordell, has just made its appearance. It is an index of the high character of the work done by that college, its alumnae and faculty. It contains many interesting articles and abstracts and is well printed. The alumnae would perhaps find greater enjoyment in it if there were not so many scientific articles and a few more personal notes and reports on the doings of graduates.

REPRINTS, ETC., RECEIVED.

The Jefferson Medical College of Philadelphia, 1895-1896.

Fifty-first Annual Announcement of the Eclectic Medical Institute, Cincinnati.

The Murphy Button; with Report of an Unsuccessful Cholectystduodenostomy. By Aug. Schachner, M. D., Ph. G. Reprint from the *American Medico-Surgical Bulletin.*

Some Points on the Technique of Kidney Operations. By Charles S. Briggs, A. M., M. D., Nashville, Tennessee. Reprint from the *Nashville Journal of Medicine and Surgery.*

Civil Service Reform in State Institutions; Reorganization of the Medical Staff. By Boerne Bettman, M. D., Chicago. Reprint from the *Journal of the American Medical Association.*

Suggestions for a Portable Instrument Bag; Operating Overalls; Bandage for Suprapubic Dressings; a Blanket for Protection of Patients during Operations; a Table for the Trendelenburg Posture; the Sterilization of Sponges; an Antiseptic Soap Paste. By Aug. Schachner, M. D., of Louisville, Kentucky. Reprint from the *Annals of Surgery.*

Messrs. P. Blakiston, Son & Co., of Philadelphia, announce that they have in preparation for early issue an authorized translation by Dr. Albert B. Hale of Chicago, of a *Handbook of Diseases of the Eye*, by Dr. A. Eugen Fick of the University of Zurich. This is one of the most complete, thorough and compact of text-books. Among its other merits it contains a number of very handsome colored illustrations, not of rare or unusual cases, but of practical matters that will greatly aid the student and be of much service to the practitioner. The retail price will be from $3.00 to $4.00.

CURRENT EDITORIAL COMMENT.

LITERARY DEGENERATES.

Physician and Surgeon.

If there be any truth in Doctor Max Nordau's telling indictment of modern literature and art, as presented in his entertaining work on degeneration, the matter is one more for the attention of the physician than the moralist. The physician will be the one, if any, who "recognizes at a glance, in the *fin de siècle* disposition, in the tendencies of contemporary art and poetry, in the life and conduct of the men who write mystic, symbolic and decadent works, and in the attitude taken by their admirers, the confluence of two well-defined conditions of disease with which he is quite familiar, degeneration and hysteria."

MEDICAL CENTERS.

New York Medical Journal.

The degree of importance attained to by any particular center of medical teaching is justly held to be dependent in great measure on the excellence with which it does its work, on the abundance of its clinical resources, and on the adequacy of its equipment in the way of laboratories and the like. But this is by no means the whole story. A certain large city becomes the medical center for a pretty definite area of country, and with little variation continues for long periods of time to perform its function accordingly. It would be interesting to have the data so displayed as to show graphically in detail the territories tributary to the various great centers of medical teaching in the United States.

CONSERVATIVE GYNECOLOGY.

The Journal.

Regarding the treatment of chronic diseases by radical measures, it is doubtful if any advance, further than perfecting details, will ever be made in the gynecology of the future but in reviewing the field we must acknowledge that little has been done toward curing the poor woman who has jnst reached her couch of suffering with the first attack. The hot poultice, or the douche, or the drug, does not seem to have materially lessened the number of our unfortunate sufferers, so that in retracing their footsteps back to the methods of the elder Simpson, and bending their energies to the development of conservative and prophylactic work, gynecologists are putting themselves in line with co-workers in other specialties and showing commendable scientific courage.

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PUBLISHERS' DEPARTMENT.

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NOTES.

WATER cress grown in sewer-polluted water may cause typhoid.

*

ANEMIA is sometimes a very important factor in early nerve syphilis. Such cases demand iron and strychnine.

*

THERE is perhaps no remedy which is so efficient in all cases of asthma, regardless of their source, as sodium iodide.

*

SUCCESSIVE crops of boils in gouty patients may be prevented by the use of colchicum in doses of from a half to two-thirds of a grain a day.

*

THE latest remedy for the vomiting of pregnancy is a twenty per cent. solution of menthol in olive oil. The dose is ten drops on sugar when the nausea appears.

*

DEPILATORIES are always in demand. The popular product is barium sulphide, made into a paste with zinc oxide, amylum and water; applied for half an hour and removed by washing.

*

HEDDERICH, says *Medicine*, contributes to the *Munchener med. Wochenschrift* an account of a new and powerful hemostatic which he calls ferripyrine. It is a double salt of chloride of iron and antipyrine, an orange-red powder, easily soluble, and is used in solutions of a strength of 18 or 20 per cent. It can, however, be used as a powder. Caustic action has not been noticed even after prolonged contact with the mucous membrane of the nose. It will stop hemorrhages from very vascular growths.

PHARMACEUTICAL.

IF YOUR patient is already thin, and still losing in weight, he is suffering from malnutrition, and is on the road to phthisis. Stop this condition at once by adminstering two or more teaspoonsful of Seng before each meal.

THE Elixir Six Iodides, Elixir Six Bromides, Elixir Six Hypophosphites and Elixir Six Aperiens (Walker Green's), have been made uniform in price, viz.: $8.00 per dozen. These Elixirs are rapidly gaining the confidence of the profession. The latest circular can be obtained upon request.

GREAT RELIEF.—J. Ringwood, L. R. C. P. I. and L. M. L. R. C. S. I., Kells, County Meath, Ireland, writes: "I have had the most satisfactory results from the use of Lilly's Glycones. Besides their certain gentle action on the bowels, they give the greatest relief in all cases of pelvic congestion, pruritus and internal hemorrhoids."

ANTISEPTIC surgery has revolutionized obstetrics and gynecology and it would be useless to here reiterate what every member of the medical profession knows regarding the role of septic infection in obstetrical gynecological cases. In the practice of these specialties Borine has a very broad field, having proved itself an antiseptic and deodorizer *par excellence*. It can be applied pure or in solution to the mucous membrane in all forms of *vaginitis*. It can be applied pure to the cervix in all forms of *endocervicitis*. Borine in the form of a douche composed of one to two tablespoonsful with a pint of warm water is an excellent remedy for the treatment of *vaginal catarrh*, *leucorrhea* and other inflammatory conditions of the vagina and uterus, cleansing the inflamed membrane from all irritating and ill-smelling discharges, stimulating and toning it to a normal condition. Tampons soaked in a 50 per cent. solution of Borine in glycerine will be found to be effective for the relief of congestion and the diminution of the discharge and pain in *metritis*. In *urethritis* pure Borine applied to the inflamed urethra will quickly subdue inflammation and establish a cure.

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SINCE Listerine was first introduced to the profession, it has been variously used, in all forms of fever, as an adjuvant, and as an important part of treatment. Diluted half and half, or one part Listerine to four of water, it is administered in teaspoonful doses every two to six hours, as a febrifuge tonic and alterative antiseptic; it improves the condition of the stomach for the reception of nourishment, and tends to the relief of intestinal distention. It is admirable to introduce in the sponging and bathing so often advocated in typhoid conditions, and as a mouth-wash and gargle during the whole period of confinement.

THE well known therapeutical properties of Antikamnia, Quinine and Salol make this combination desirable in such intestinal affections as fermentative dyspepsia, diarrhea, dysentery, duodenal catarrh, cholera infantum, and typhoid fever. The Antikamnia controls the pain as effectually as morphine, and yet is never followed with any of those undesirable effects so characteristic of opium and its derivatives. Freedom from pain saves an immense amount of wear and tear to the system and places it in a much better position for recovery. The Salol acts as an antiseptic and removes from the intestinal canal the first or continuing cause of the affections just mentioned. The Quinine acts as a tonic, increasing the appetitite, and thus contributing much to a speedy recovery. Hare says quinine is not only a simple bitter, "but also seems to have a direct effect in increasing the number of the red blood corpuscles." A tablet composed of Antikamnia two grains, Quinine Sulph. two grains, and Salol one grain, allows of the easy administration of these drugs in proper proportionate doses.

AN excellent method of treating small wounds of the face and extremities is as follows: After careful disinfection with a carbolized solution (4 per cent.) or a solution of corrosive sublimate, 1 to 2000, and drying with a pledget of absorbent cotton, sutures are applied if necessary, then Aristol is dusted on, which forms an antiseptic aud protective film. A layer of plain gauze and a bandage complete the dressing. A still simpler and equally efficient dressing is to paint the wound with 10 per cent. Aristol collodion, or after dusting on Aristol powder to apply two or three thin layers of absorbent cotton and fasten each in place with collodion. These gauze strips, if properly applied, unite the lips of the wound as firmly as sutures, and primary union is as likely to take place. After their application Aristol powder is dusted thickly over the gauze and the dressing completed with a layer of cotton and a bandage. These simple methods of wound treatment, which may be modified according to the locality and character of the traumatism, have been sufficiently tested to merit frequent employment, in the large class of cases of minor surgery of so common occurence in general medical practice.

PROFESSOR LABADIE-LAGRAVE has used antipyrin successfully in the treatment of certain uterine hemorrages. It is difficult to introduce powdered antipyrin into the uterine cavity, so it occurred to him to use antipyrin liquified with salol, thus producing a medicament at once hemostatic and antiseptic. The following is the mode of procedure: Equal parts of antipyrin and salol are placed in a test tube so as to occupy about one-third the space; they are then heated over an alcohol lamp, when the mixture is soon transformed into a clear liquid with a slightly brownish tinge. This is not the time to use the solution, for it will solidify too rapidly. The heating is continued until a well-defined brown color is noticed, when there is no longer any danger of its rapid solidification. The liquid is introduced by means of cotton soaked in it and rolled on a wooden applicator; after seeing that the liquid is not too hot, the application is made through the speculum. If the hemorrhage is excessive, two applications are made at the same sitting, after which a tampon soaked in glycerated creosote is placed in the vagina and the patient sent to bed. The applications are free from danger and occasion no pain. Their hemostatic action is rapid, sure and complete; the hemorrhage is quickly stopped and by the second day there is no trace of hemorrhage; it is rare that the application needs to be repeated. The method is efficacious against hemorrhages due to fungous metritis, to misplacements, fibromyomata and also to malignant tumors in the beginning, when the hemorrhage is due more to congestion than to ulceration.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 16. BALTIMORE, AUGUST 3, 1895. WHOLE NO. 749

ORIGINAL ARTICLES.

SOME REMARKS ON EXOPHTHALMIC GOITER.

READ BEFORE THE MEDICAL SOCIETY OF THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE, APRIL 2, 1895.

By Eugene F. Cordell, M. D.,

Professor of Principles and Practice of Medicine, Woman's Medical College, Baltimore.

EXOPHTHALMIC goiter is an affection characterized, when fully developed, by protrusion of the eyeballs, enlargement of the thyroid gland and inordinate action of the heart in varying relative degree and combination. Though recognized previously it was first fully described by Graves in 1835; hence it has been called "Graves' Disease." Somewhat later an account was given of it in Germany by Basedow; hence in that country it is commonly known as "Basedow's Disease."

Cases are far more frequent in women than men, Reynolds meeting with 48 females affected with it and but 1 male. I have seen 1 male in 9 or 10 cases. It commences usually in early adult life. Occasional instances of inheritance have been reported, and several children in a family have been known to present evidences of the disease. A young Russian woman told me that two of her sisters and a brother had heart disease, nervousness and excitability. Much more commonly we find in the family of a patient evidences of neurotic tendencies in other directions, as epilepsy, insanity, etc. It has no relation to ordinary goiter. Whilst the affection may appear in persons in apparent health, it often succeeds some conditions of debility as pregnancy, abortion, childbirth, hemorrhage, anemia, etc. "No immediate cause is so frequent," says Gowers, "as emotion, sudden terror or prolonged distress." In a case of mine it developed suddenly in consequence of the shock produced by the unexpected arrival of the dead body of the patient's husband, whom she had supposed well till that moment. In another case homesickness seemed to be the exciting factor. Usually, however, the onset is slow and gradual but not uniform in its rate of progress.

The heart symptoms usually are the first to appear and in the form of palpitations. Following this at an indefinite period are enlargement of the thyroid and prominence of the eyeballs. The heart is easily excited by emotion or exertion, and after a time the excited action becomes habitual, usually 120 to 140 or more, though often much exceeding this under the influence of exciting causes. The impulse may be diffused and cardiac dulness increased, indicating hypertrophy. Heart action is usually regular. A systolic murmur is often found, with greatest intensity at the base; it may be heard to the left of the nipple, indicating the relative insufficiency of the mitral valve due to dilatation of the left ventricle. There is increased pulsation seen and felt in the dilated carotids and thyroid vessels, often accompanied by a

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thrill; a loud systolic murmur is heard in the same situation. The thyroid enlargement is usually slow but may occur within a few days. It varies from time to time and is moderate in degree. It is rarely entirely symmetrical, the right lobe preponderating in the increase. In one of my cases it alone was enlarged.

The prominence of the eyes is bilateral. It may be slight, amounting to a mere stare, or considerable, so that the white sclerotic is visible above and below the cornea. In a still greater degree the movement of the balls is limited and the lids cannot meet over them. It is even said that the eyeball may become dislocated from the socket and have to be replaced with the finger. Inflammation of the conjunctiva and cornea and even sloughing may arise from exposure of the ball. A characteristic eye symptom, known as von Graefe's, is a failure of the upper lid to descend or a retarded descent when the eyeball is rotated downward. The pupils are almost always normal. Of the three chief symptoms no one is invariably present, and two of the three may be wanting. The cardiac disturbance is rarely absent; Gowers estimates that goiter is absent in one-twelfth and exophthalmos in one-tenth of cases. Patients are often anemic and exhibit loss of appetite and flesh. Amenorrhea is frequent. A moderate pyrexia is of common occurrence in advanced stages and occasionally profuse perspirations are met with. The patient is often unable to sleep and is depressed and very irritable. Fine muscular tremor, most marked upon movement, is common. Occasional symptoms, but less frequent than the above, are glycosuria, diabetes insipidus, albuminuria, enlargement of glands, loss or increase of the pigment of the skin, edema, insanity, especially mania, hysteria, paralyses, chronic spasms, diarrhea, epiphora and other vaso-motor disturbances.

The disease usually lasts several years. Acute cases have subsided in a few days and, on the other hand, have proven fatal in a few weeks. The career is subject to great variations. Prolonged periods of improvement and even entire disappearance of symptoms occur so that in the latter the attacks appear to be entirely distinct. Improvement sometimes takes place during pregnancy, as in a case of mine, who insisted that the thyroid swelling had entirely disappeared during her three pregnancies. Permanent recovery may also occur, being most frequent in rapidly developing cases with cardiac symptoms preponderating over those of the neck and eyes. Gowers thinks that about one-quarter of the cases recover, chiefly those of mild degree, but recovery is exceedingly rare in the severe cases. Improvement, however, often occurs in the latter. Death is due to disease of the heart or asthenia and may be hastened by exhausting diarrhea, tuberculosis or apoplexy.

Post-mortem, valvular lesions and dilatation are often found; the arteries are also dilated. The thyroid gland is hypertrophied. In the orbit the fat is often increased. The cervical sympathetic is rarely the seat of disease (not once in 13 cases examined by Lewin). The lower cervical ganglion is most often affected. The central nervous system and medulla are generally free from any obvious lesions. In some cases congestion and even hemorrhages have been found in the medulla but they are not believed to possess any significance.

The symptoms of this affection point so strongly to the sympathetic system of nerves that it is natural to look to that source for their origin and explanation. Trousseau thought that he had found the seat of the disease in lesions in the lowest cervical ganglion. But his conclusion was hasty and has not received support from subsequent observers. The frequency of the heart's beat, we know, may be increased by irritation of the cervical sympathetic. But to explain the dilatation of vessels we must have recourse either to a paralysis of the vaso-constrictor fibers or persistent irritation of the vaso-dilator fibers; on the first supposition we must assume a partial affection of the sympathetic, on the second, an opposite disturbance of its different elements. Either seems incompatible with the idea of irritation or inflam-

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mation. Gowers suggests that the vagus may have some share in the cardiac disturbance. Hence pathologists have recently been disposed to look to the central nervous system for the primary morbid change. Gowers finds support for this view in the law discovered by Marey, viz.: that frequency of the heart's action and diminished blood pressure are physiologically associated. The sympathetic system is under central control and especially of the centers in the medulla oblongata. In the absence of definite lesions, therefore, pointing in other directions, we must for the present accept the view that the affection is a neurosis of the medulla oblongata dependent upon changes that baffle our powers of investigation but for which we have analogies in other neuroses, as hysteria. Some confirmation of this view has been obtained by Filehne, Doudouffis and Bienfait, who divided the anterior fourth of the restiform bodies and thus produced exophthalmos and sometimes enlarged thyroid and even cardiac excitement. It has been pointed out that excited heart, dilated vessels and wide-open, staring eyes are often caused by emotions, especially great fear, and many cases of exophthalmic goiter are on record where this suddenly-developed group of symptoms has been continued permanently. Möbius has advanced the view that exophthalmic goiter is due to increased secretion of the enlarged thyroid gland producing a toxic blood state, and points to the idiocy of cretins for proof of the malign influence of enlargement of the thyroid. The occasional benefit from excision of the gland seems to lend some support to this view. The influence of the thyroid is now well recognized, since the relations of myxedema with atrophy and excision of the gland and the effect of treatment of that disease by feeding with the gland of animals are so well appreciated. But, as Gowers states, the great discrepancy between the condition of the thyroid and the other elements of the disease seems to exclude it from any direct or indirect influence on the symptoms; and the occasional benefit of excision may be due to the profound influence of the operation upon the nerve centers. Finally, Begbie has advanced the theory of a primary pathological blood state, but no facts are as yet available for the support of such a theory. The explanation of the mode of origin of the special symptoms is involved in difficulty. The dilated heart may be due to its rapid action and incomplete systole by which residual blood gradually produces over-distention. The enlarged thyroid may be ascribed to dilated vessels and to some extent to hypertrophy from increased blood supply. The exophthalmos is favored by the dilated vessels and increased fat in the bottom of the orbit, and possibly by hypertrophy of the unstriated muscular fibers of Müller, which run from the eyelid to the membranous lining of the orbit and are innervated by the sympathetic. Von Graefe's symptom was ascribed by him to spasm of the fibers of Müller, but by Gowers to spasm of the levator from central disturbance. The rare symptoms, abnormal vascularity of the skin, pigmentation and diarrhea, are referred by Gowers to the sympathetic; in the case of the latter, from extension of the disease to the abdominal plexuses.

Well marked cases are easily recognized. The disease is apt to be overlooked in the early stage and in undeveloped cases. Under these circumstances it is likely to be supposed to be mere nervous excitement or organic heart disease. A persistently rapid pulse-rate should always excite suspicion and lead to careful examination. Ordinary goiter is recognized by absence of the symptoms relating to the eye and heart and by the great degree of enlargement. In some cases an ordinary goiter may compress the sympathetic in the neck, producing one-sided exophthalmos, dilatation of the pupil on the same side and excited action of the heart. Early diagnosis is of the greatest importance in view of the prospect of permanent relief being chiefly to be anticipated then.

The prognosis varies greatly. Some acute cases subside entirely in a few days or gradually subside into a chronic career. Death has been known to occur

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in a few weeks in an unusually violent attack, but usually the career of the disease is protracted through many years and it is noteworthy how few cases terminate fatally under observation. I have met but one such case in which death was due to gradually progressive organic heart disease with anasarca. In fully developed cases cure is rarely effected, improvement being all that is to be expected and in some this even is not secured. Relapses are common. In milder cases complete or nearly complete recovery is occasionally seen. The existence of organic heart disease and emaciation are unfavorable symptoms. It is better in women than in men; also when there is a remittent tendency. Gowers thinks that a family tendency, in a case in the early stage, improves the prospects of the patient. A distinct and removable exciting cause has the same significance. Predictions as to progress in any case are hazardous, as unexpected and even prolonged periods of improvement or arrest or, on the other hand, of unexpectedly rapid development, may occur.

The prognosis is better among the well-to-do than the poor. The natural tendency of the disease should be duly considered and "it is never right to exclude the hope of ultimate improvement and even of possible recovery." (Gowers.)

Rest of mind and body should be secured as far as possible. In acute and severe cases it may be justifiable to confine the patient for a time to bed. Exercise should be avoided; if the patient suffer for the want of it, gentle massage may be substituted. Change of air, especially to the seashore, is often beneficial. Drugs are uncertain and are to be used tentatively; a remedy which benefits one case may prove useless or hurtful in another. Digitalis, strophanthus, aconite, antipyrine, sulphonal, the bromides, and especially belladonna, have proven more or less useful as heart sedatives. Iron, quinine, arsenic, the iodides and strychnine are recommended as tonics. Iron should not be used until severe symptoms have moderated. Belladonna and digitalis diminish arterial dilatation. A combination of these with iron, using the belladonna in full physiological doses, with occasional full doses of bromide of potassium, probably constitutes the best drug treatment available. For the palpitation and dyspnea Hoffman's anodyne and morphia are applicable. Galvanization of the cervical sympathetic is often highly useful, producing marked slowing of the pulse and sometimes diminution of the size of the thyroid. The effect is transient and therefore the application has to be repeated several times a day, one pole being placed over the nape of the neck and the other moved up and down along the anterior margin of the sterno-mastoid muscle. To be effective the patient should procure a small battery and be instructed in its use so that he can apply it himself. Excision of the thyroid, although occasionally successful, is too uncertain and involves too many risks, both immediate and remote, to be considered a reliable procedure; moreover, it is only warrantable in the early stage when remedial treatment offers a fair prospect of cure or great improvement.

THE INFLUENCE OF SYPHILIS ON LOCOMOTOR ATAXY.—Cardarelli (*British Medical Journal*) says that possibly a third of the cases of locomotor ataxy may be of syphilitic origin. Ataxia coming on twenty or thirty years after primary syphilis, and not preceded by any decided syphilitic manifestation during this time, is probably not syphilitic. So-called syphilitic ataxia has no definite characteristics of its own, such as belong to cerebral syphilis. Anti-syphilitic treatment as a rule does more harm than good in tabes, and in any case in which this form of treatment did no good in fifteen to twenty days, the author thinks it useless to persevere with it. On the whole Cardarelli thinks that the importance of syphilis as a cause of tabes has been greatly exaggerated.

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URINARY ANALYSIS AS A MEANS OF DIAGNOSIS.

READ BEFORE THE ALLEGANY COUNTY MEDICAL SOCIETY AT ITS ANNUAL MEETING IN FROSTBURG, MD., JUNE 6, 1895.

By E. T. Duke, M. D.,

Cumberland, Md.

NOTHING original is offered as the excuse for speaking on the subject of urinary analysis, but merely a desire to awaken an interest in the importance of it as a means of diagnosis. We are too apt in the hurry and cares of professional work to be satisfied with hurried and incomplete diagnoses of our cases, and to treat them empirically. This ought not to be when we have at our command a means of finding out the true nature of the disease and applying suitable remedies. Chemical analysis and microscopic examination have thrown a brilliant flood of light on hitherto obscure diseases and have given to us a window, as it were, through which we can see the interior of the body, and determine accurately in many instances the seat of disease, its progress, and the exact condition of the diseased organ. The examination of the urine need not be confined to diseases of the kidneys and bladder, but may be found serviceable in many other affections.

The urine being one of the excretory products of the body may contain in solution substances which, when examined chemically or microscopically, will show organic changes in organs not directly connected with the urinary system, and thus afford an opportunity for a correct diagnosis of the case, and more rational treatment.

The methods of determining the specific gravity, the tests for albumen, sugar, etc., are of course familiar to all of you, and need not occupy more space. Formerly urine was allowed to stand in a vessel some time in order that the sediment might be obtained for examination. This was unsatisfactory, as changes would take place in the urine, and render its examination almost useless. To obviate this difficulty Dr. Charles Purdy of Chicago has devised an electric centrifuge, which allows of the immediate sedimentation of the urine, and its examination before any chemical change has taken place. Conical tubes are used and after centrifugal action has been employed the amount of sediment can be determined by a graduated scale on the tube. Precipitation of the substances in solution in the urine may be accomplished by the use of chemical agents, and the amount of substance determined by measure. Examinations made during a course of treatment will aid materially in determining the progress of the disease.

The diazo test was suggested by Ehrlich in 1882 as a diagnostic measure in typhoid fever. The reaction depends upon the fact that if sulphanilic acid be acted upon by nitrous acid (HNO_2), diazosulphobenzol is formed, which unites with aromatic substances frequently found in the urine to form aniline colors. In this case a carmine red color is formed. This reaction is usually found in typhoid fever from the fourth to seventh day and afterward. If entirely absent the diagnosis is doubtful. The reaction has been noted in pulmonary phthisis of a rapidly fatal type. It is always absent in chlorosis, hydremia, diabetes, diseases of the brain, spinal cord, kidneys and liver.

The urine in scarlet fever assumes the febrile condition more or less marked in proportion to the degree of fever. During the first week the amount is less, and urea and uric acid increased, the chlorides reduced. About the sixth to eighth day if the disease proceed toward a favorable termination the urine becomes abundant, pale in color and approaches the normal standard. It should be examined both chemically and microscopically to determine the progress of the fever. Recent observations show

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that nephritis exists almost as constantly as the rash or angina. Albumen appears about the the fifth to eighth day, subsiding about the fifteenth if the disease proceed favorably. The amount varies very much, sometimes mere traces, in others the urine becomes almost a solid mass when heated. Casts are found if carefully looked for in most cases, the hyaline in favorable cases, epithelial, bloody and granular if nephritis becomes established.

During the algid stage of cholera the urine is more or less suppressed, due to collapse, and in part to exudation into the renal tubules, and thickened blood. After the cold stage the volume slowly increases or is entirely suppressed, death rapidly following. The specific gravity of the urine upon reappearing is below normal, 1006–1008, and gradually rises to normal during convalescence. Urea is much diminished, sometimes entirely absent during the first day. The prognosis may be considered favorable in proportion to the amount of urea excreted in cases which have passed the algid stage. The phosphates and chlorides are absent or in small amount at first. The normal urinary pigments are nearly entirely absent during first two days, returning later. Indican is present in marked quantities and prior to the discovery of the cholera bacillus was considered the most important diagnostic sign of cholera. The first urine in cholera almost always contains albumen, but as a rule the albuminuria is of short duration. It sometimes persists, however, and death may result from uremic coma. Renal casts and large deposits of epithelium are invariably found. Frequently blood corpuscles and uric acid crystals are also found.

In diphtheria the urine is much less in amount than normal, of high specific gravity, and acid in reaction. Uric acid is copious; amorphous urates, oxalates and sometimes phosphates are found in the deposit. Albumen is present in 50 per cent. of cases, sometimes in large amount. The kidneys become affected in some cases, but not so frequently as in scarlatina. The quantity of urea is nearly double the normal amount. Renal casts are seen, and sometimes free from pyelitis associated with the disease.

The general pyrexial characters of the urine are well marked in pneumonia. The quantity is lessened one-half, but urea and uric acid are increased in amount, especialiy on the so-called critical days. The increase of pigment is often two or three times the normal range.

The chlorides are greatly diminished or entirely absent during the first stage of the disease. When absent later in the disease there is danger of a fatal termination.

Albumen is present in about 45 per cent. of all cases, and if in large quantity it may be looked upon as an unfavorable symptom. Nephritis may be latent in pneumonia, only to be discovered some weeks or months after convalescence.

In organic diseases of the stomach the urine contains a considerable quantity of peptone. This is especially true where there are ulcerative changes.

A mild form of albuminuria is frequently present in disorders of the stomach, and examinations in these cases will show no casts. Small quantities of sugar are found in a number of stomach affections. Amorphous phosphates and calcium oxylate crystals are most frequently found in the urinary sediments of dyspeptic subjects.

In yellow fever the urine is diminished, frequently suppressed, when the symptoms of uremia follow. The reaction is first acid, becoming alkaline during convalescence. Its color varies from a bright-yellow to greenish-brown or black, or it may be red from the presence of blood. It is almost always albuminous. Urea is lessened, sometimes entirely absent. This is also true of the uric acid.

The most noted change in the urine in typhoid fever is the diminished amounts of chlorides; in severe cases they are entirely absent, or not excreted. This is not due to lack of food, or diarrhea, but seems a constant feature of the disease, thus furnishing another diagnostic sign for this malady.

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Cirrhosis of the liver is marked by a constantly lessened flow of urine; so marked is this fact, that a constant copious flow would be strong evidence of the absence of cirrhosis. The urine is dark-red, brown or even blackish. The acidity is increased and it becomes still more acid on standing. So constant is the association of bile pigment in the urine in this affection that it may serve to distinguish ascites of hepatic origin from that of peritoneal effusion.

Albuminuria is rare except when associated with valvular heart lesions. The urinary sediment does not contain renal casts.

As a rule, the volume of urine is somewhat lessened in jaundice, uric acid is increased and urea diminished. It is highly acid, becoming more so upon standing. The color, due to bile pigment, varies from a saffron-yellow to a greenish-brown. Where sugar is present the case is unfavorable for recovery. The value of urinary examination in this affection is to establish the diagnosis promptly, which may be readily done as the bile pigments are present in the urine early. The presence of bile pigments, or their absence in doubtful cases, assists in determining whether the case is one of obstructive or non-obstructive jaundice.

Acute yellow atrophy of the liver.—This rather rare but rapidly fatal disease is marked by pronounced jaundice, and great destruction of hepatic cells.

The urine contains both bile acids and bile pigments and is strongly acid. The amount is much diminished, though not suppressed, and the color is very dark brown. Urea is lessened, sometimes nearly absent, uric acid and phosphates are reduced in quantity. Casts, when present, often appear yellow from staining with bile pigment.

The most noticeable urinary change in gout is the deficiency of uric acid, and the presence of small, narrow hyaline casts and crystals of calcium oxalate. In acute rheumatism the increase of the sulphates in the urine is greater than in any of the acute fevers.

In closing, gentlemen, let me say that in my effort not to be tiresome I have avoided formulae and detailed methods of testing urine, as my purpose has been not to give information, but rather to awaken a greater interest in the subject of urinary analysis.

THE NECESSITY OF ISOLATION AND ADVERTISEMENT OF CERTAIN CONTAGIOUS AND INFECTIOUS DISEASES.

READ BEFORE THE STATE MEDICAL SOCIETY OF PENNSYLVANIA, JUNE 9, 1895.

By F. Le Moyne, M. D.,

Pittsburgh, Pa.

CONTAGIOUS and infectious diseases produce a large proportion of the suffering and death to which the human race is subjected. Medical science has accomplished great results in mitigating those evils, and it may be confidently expected that the glorious work of immunization and antidotal treatment, which is fortunately exciting the interest and enthusiasm of medical scientists in the leading countries of the world, will produce additional advantages equal, if not superior, to those which have already been attained.

One hundred years ago smallpox was a scourge almost as horrible as war. But by the general introduction of vaccination, its ravages have been so restricted that it is no longer a reasonable source of dread.

Those who have witnessed and experienced the desperate helplessness of the diphtheritic victim have the unspeakable gratification, in this, the infancy of the antitoxine method of treatment, of being able to reduce the mortality in desperate cases of diphtheria at least fifty per cent. of their former death rate, with a prospect of better results from the perfected methods which will surely follow more matured experience.

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All contagious and infectious diseases should be treated as preventable by immunization and isolation.

Immunization is known to be effectual by natural methods in a considerable proportion of such affections, and enough has been accomplished in its scientific application to lead to the belief that it is practicable in all.

Perfect isolation is impossible, because the most susceptible subjects will be impressed by very remote influences. But that fact does not justify the exposure of the whole susceptible community by unisolated cases.

Every center of population should be provided with hospitals for contagious diseases, and laws should be enacted which would provide for the removal thereto of every case of dangerous contagious disease, for which reasonable isolation is impracticable in its existing location.

The members of the medical profession are the natural and acknowledged guardians of the health of the people, and it is incumbent upon them to lead the public mind safely in that direction. We should emphasize the fact that every case of scarlatina or diphtheria not carefully isolated and plainly placarded is a shameful menace to the surrounding population.

Existing laws in this State commit the strange inconsistency of exacting precautions and restrictions in regard to smallpox, which is to a great extent under control by vaccination, and from which disability and mortality are comparatively inconsiderable, while scarlatina and diphtheria, to which a much larger proportion of the population is susceptible and in which the death rates are very high, have every opportunity for dissemination and are not subject to legal regulations.

Fortunately this subject is under wise consideration by the Legislature of Pennsylvania now in session. An act has been framed which although not all that we could desire, has much to recommend it, and I hope that it will meet with the approval and support of every member of this society. It has passed the House of Representatives and it is reported by good authority that it will be favorably considered by the Senate. I offer, herewith, a copy of the bill for the information of those who may not be familiar with it.

PELVIC ABSCESS COMMUNICATING WITH INTESTINE. — Marx (*British Medical Journal*) records an operation on a woman, aged 44, long subject to symptoms of pelvic inflammation. She had not been pregnant for eighteen years. On December 8, 1894, there was extensive parametric deposit, with indistinct fluctuation in the left iliac fossa. By December 17 this fluctuation had become quite distinct; the pain was intolerable. On the next day vaginal hysterectomy was performed. Large abscesses were then laid open. The appendages could not be removed. One very large collection of pus was opened on Hilton's method. About a pint escaped. It was bluish, and smelt fecal, but no fecal matter was found in it. A T-shaped drainage tube was placed in its cavity. On the tenth day a quantity of feces was found in the vagina. For a fortnight motions passed both ways; when there were scybala in the rectum more feces escaped through the vagina. Much fluid had to be thrown up the rectum before any of it returned through the vagina, hence the communication must have been high up. It could not, however, be detected by the finger passed into the abscess cavity. By February 18, 1895, the patient was in good health. A little pus still escaped from the vagina, but all pain had disappeared.

* * *

VASCULAR SPASM WITH CARDIAC DILATATION.—J. Jacob (*Medicine*) says: "A sudden spasm of the peripheral vessels occurs with a chill and sometimes pain, precordial distress, dyspnea, cold skin, and very slow or very rapid pulse; at the same time there is acute dilatation of the heart, the area of dullness is increased, and the apex is displaced. This continues for several weeks, or indefinitely if the attacks are recurrent. The best treatment is hypodermic injections of full doses of morphia."

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SOCIETY REPORTS.

ALLEGANY COUNTY MEDICAL SOCIETY.

ANNUAL MEETING JUNE 6, 1895.

This Society held its annual meeting in Frostburg, Md., Thursday, June 6, in the Council Chamber.

A large number of physicians were present. Promptly at 2 o'clock Dr. A. G. Smith called the meeting to order. About ten or twelve new members were elected. Dr. W. Q. Skilling read a paper on THE IMPORTANCE OF EARLY INCISION IN TREATMENT OF OSTEO-MYELITIS. Drs. Carpenter, Cromwell, J. M. Price, Jacobs and others took part in the discussion.

Dr. E. T. Duke followed with a paper on URINARY ANALYSIS AS A MEANS OF DIAGNOSIS. (See page 291.) The following officers were elected for the ensuing year: Dr. A. G. Smith, President, Drs. Boucher, Spear and Jacobs, Vice-Presidents, Dr. F. W. Fochtman, Secretary, and Dr. W. J. Craigen, Treasurer. The afternoon session then closed and the Society proceeded to the St. Cloud Hotel, where they were handsomely entertained by the physicians of Frostburg.

At 8 P. M. the Society was again called and opened by Dr. C. C. Jacobs with an able paper on THE TREATMENT OF STRANGULATED HERNIA. Discussion followed, participated in by Drs. Spear, Cromwell, Boucher, Price, Smith and others.

Dr. Carpenter, on behalf of the physicians of Cumberland, gave a full statement of the differences which have existed between the physicians of this city and the Board of Managers of the Western Maryland Hospital. These difficulties have been adjusted and the physicians of the county and adjoining neighborhood are invited to send their patients to the Hospital. Cumberland was selected as the next meeting place, and Drs. Porter, White, Cromwell and J. M. Price were selected to read papers. The meeting closed with the President's address, PHYSICAL CULTURE. Everyone present seemed to enjoy himself and to appreciate fully the kindness of the physicians of Frostburg.

E. T. DUKE, M. D.,
Secretary.

MEDICAL PROGRESS.

THE DOCTOR'S LIFE AND WORK.—At St. Mungo's College, London, on Saturday, June 29, Dr. D. C. McVail delivered the closing address, as reported in the *British Medical Journal*, to the students in the rooms of the Medico-Chirurgical Society. He said there was no enormous difference between men engaged in the ordinary work of life and a true and genuine member of the medical profession, except that his best work was done among those from whom he could expect no reward, and sometimes not even gratitude. In that respect the medical profession resembled the Church, but its work entailed far more labor and self-sacrifice. The true doctor was an unpaid medical missionary. The merchant, the manufacturer and the engineer were as well educated, though on different lines, as the medical man; but they differed in this, that the best of the medical work was given to the poor as though they were rich. Government payments to medical men were a mere fraction of the market price of the work that the profession had to do. Though the medical man seemed to live a public life, the nature of his duties made him probably the most solitary man in his village, carrying secrets of importance, and knowing oftentimes conditions of life and health which he must keep locked up against his most unguarded moments. His duty lay with his own conscience alone. His patients could not judge of his failures or of his triumphs. The public could not estimate his work as they could that of a clergyman or a lawyer. The doctor's work, so far as the patient was concerned, was written in water. Work of this solitary type was fraught with grave temptations and dangers to the medical man. Why should he continue to be the plodding, hard-working student, watching the ad-

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vancement of medicine in all its particulars if no one could judge of his excellence or otherwise? This was the reason why so many men ceased to be students when comfortably settled in practice. They found the easy, charming and pleasing manners as acceptable to patients as sound medical skill. These men found it easy to make their way in life. There was nothing wrong with that, quite the opposite, but they were apt to make these graces and accomplishments do the work of better qualifications and hard study. It was in this way that even in the Church the art of pleasing was now made to do the work of the scholar and the brainworker. The pulpit was paralyzed and religion made an affair of emotion instead of intellect, which was its only safe basis. Thus medical men were apt to become servile, a kind of superior servant to the great man, a trifle above his butler. These persons were so apt to neglect those who were poor, and it was impossible for medical men to maintain the high position of the profession if they broke their connection with the poor. There the best work was done. It was done for no praise. It was there that the best of the men came out, partly because they were not concerned in pleasing the patient, and so could do what was best for him. In that work they should not even expect gratitude for doing what they conscientiously knew to be the best. Social and influential position was dearly bought if it led to the degeneration of the whole man. If the medical man wanted satisfaction in his life's work it must be because it had been done in the most absolute self-sacrifice. Success in society was not the chief end of the true physician, though it might seem so to him who was merely a student or practitioner in the art of pleasing. In an assembly of medical men it was not always presidents and vice-presidents or hospital physicians and surgeons who were necessarily the best men present in point of medical knowledge or experience or training. Professional success consisted in doing the greatest good to the greatest number of people. The future of the race was in the hands of the profession, and the work of the doctor in obscure streets, in cottages and hovels, improved the populace, rendered the children healthy and strong, improved the manhood and womanhood. There was no better work done in this country than that done in the East and South of Glasgow and London. The promise given long ago of a time to come when "the people would walk and not be weary, and run and not faint," would doubtless be attained, and in its attainment the medical profession would play the greatest part. Those listening to him would shortly have an opportunity of taking part in the work and of bringing it about. It was the poor work that would enable them to do all work well, and their work was worth doing well. From the very day on which they received diplomas they would affect not only the lives of those whom they were called upon to cure, but the lives and welfare of generations to follow.

* * *

THE PHYSICIAN AS A LAW MAKER.—The prominence given the subject of State Medicine in the recent proceedings of the American Medical Association in this city, says Ralph Robinson, LL.B., of the Baltimore Bar, in the *Bulletin of the Woman's Medical College of Baltimore*, furnishes assurance that this branch of Medical Jurisprudence is being rapidly accorded its proper position in the college curriculum.

State Medicine is the medical police of Paris and Fonblanque. These writers were the first to accentuate the division of the general subject of medical jurisprudence into medical police or State medicine and forensic medicine, or the medical jurisprudence of the text writers.

While the topics considered under the head of forensic medicine have remained about the same, State medicine has in recent years so developed that it has become from every point of view the more interesting and important branch of the subject.

A glance at the recent statutes of any State suffices to illustrate the increasing volume of that class of legislation which is designed to promote human health

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and happiness by enforcing not only such sanitary measures as the inspection of plumbing under authority of law, but also such a radical measure, as the compulsory reporting of inflamed conditions in infant's eyes, with a view to preventing the affliction of blindness.

This is readily explained by referring to the insistance in recent years upon the fact that the true relation of the physician to society is preventive rather than curative. This has led to an earnest and intelligent investigation into the cause of every variety of human disorder, with a view to preventing inception, and has disclosed a most fruitful and practical field of investigation and research. The physician who enters this field, however, does not discharge his duties or conclude his labor upon making some important discovery. The claims of citizenship lay hold upon him and constrain him to make known in some practical way to society how it may avail itself of the results of his labor. He must be relied upon not only to ascertain the cause of disease and the means of preventing it, but also to arouse the public sentiment to the advisability of adopting those sanitary reforms through intelligent legislation that renders its occurrence less probable.

Any of these sanitary reforms, however, involves a serious interference with freedom of enterprise and the conduct of business, as notably all food inspection and condemnation laws. The physician, therefore, in order to win and maintain the public confidence should show at least some degree of familiarity with the fundamental laws of the State. Here, then, law and medicine are really tangent; a point of contact that gives a most practical and efficient connotation to the term, medical jurisprudence. However much society may rely upon the lawyer to properly draught and administer this class of legislation, the physician must be relied upon to arouse public sentiment to the necessity of its adoption and proper observation afterwards.

However desirable for the health of a community the adoption of a sanitary reform may be, it can only be secured and made efficient when backed by a strong public sanction. To enlist this, the physician must be relied upon to take the initiative.

He can the more readily accomplish his undertaking by familiarizing himself with what has been done in medical legislation in his own State and elsewhere; by studying the comparative results of different classes of legislation on specific topics and by being brought to realize by an intelligent study of our civil government his own position in society as a law maker and a law reformer.

* * *

PREGNANCY IN APPARENTLY IMPERFORATE HYMEN.— Braun (*British Medical Journal*) was consulted by a newly-married woman who had found herself unfit for complete connection. He examined and found a virginal appearance of the external parts, a tight and narrow hymen, and pregnancy advanced to the fifth month. The patient had a generally contracted infundibuliform pelvis, and craniotomy was needed at the end of pregnancy. Braun notes that penetration must have been impossible in this case, where pregnancy occurred before the patient suspected it.

* * *

THE DANGERS OF COCAINE. — Few drugs in recent times, says the *Lancet*, have received more general commendation than cocaine; its advantages as a local anesthetic, received with some incredulity when it was first introduced, have been so abundantly proved that there may be a tendency to overlook the fact that there are certain dangers attendant upon its too frequent or reckless employment. As a local anesthetic it has won golden opinions where small operations were required upon superficial parts; in ophthalmic and laryngeal surgery it may fairly be said to have revolutionized the methods of a few years back. But every now and again warnings are brought forwards which indicate that with cocaine, as with opium and other modes of producing local or general anesthesia, there is danger in the familiarity which breeds, if not contempt, at least disregard of ordinary

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precautions. Verdicts of misadventure are no consolation to those concerned, if there is an underlying conviction that the fatality might never have occurred if there had been any due appreciation of danger. Cocaine is a drug which shares with opium and many others the questionable credit of developing a "habit"— *i. e.*, of leading, by the benificent effects experienced after small doses, to a desire for the repetition of the relief; and as a consequence the dose employed tends to become greater, and the precautions which, perhaps, were taken at first are gradually relaxed. "Cocainism" is not so well recognized in this country as in America, but it undoubtedly exists as a form of self-indulgence or as a practice which, like morphinism, originally employed as a means of alleviating some chronic trouble, has ultimately developed into a form of self-indulgence, in which the need of restraint and of precautionary measures are entirely lost in the fascination of the relief afforded by the drug. In a recent inquest the evidence showed that the drug had been originally prescribed for the relief of pain in the gums, and the symptoms immediately preceding the termination were merely those of collapse; there was no indication of the amount employed or taken. In most cases collapse is the most marked feature, and this symptom may arise when the drug has been employed as a local application in the form of hypodermic injection or spray, and may frequently call for stimulant treatment after employment of the spray in laryngeal examinations. It must not be forgotten, however, that a true cocaine habit may be developed when the drug is taken internally in any quantity, and that this condition is occasionally marked by curious hallucinations and perversions of moral sense which, if the use of the drug is not discontinued, may lead to more serious central disturbances. The summary of the whole matter may be expressed in the proverb that "fire is a good servant but a bad master." Cocaine, or any other drug which allays pain, has its limitations, and these are reached when the craving for the relief afforded leads to disregard of the attendant dangers.

* * *

SEMINAL EMISSIONS.—Potassium bromide, says the *Philadelphia Polyclinic*, the popular remedy, is often unsatisfactory; sometimes it even aggravates the condition, perhaps deepens the despondency that commonly accompanies this condition. A number of physicians have given up the alkaline bromides, preferring hyoscine, administering $\frac{1}{100}$ of a grain at bedtime. The effect is nearly always favorable, and frequently affords permanent relief. If hyoscyamine is employed instead of hyoscine, it is important to stop short of the point where the physiological effect of the drug is manifested. One advantage is, either hyoscine or hyoscyamine properly administered can be continued for months without appreciable ill effects.

* * *

IODOFORM INJECTIONS IN JOINT DISEASE.— Ferraro (*British Medical Journal*) reports the case of a man, aged 37, who after a long walk first noticed pain in the right knee, which was uniformly enlarged, red and tender, and contained fluid. The joint was incised, and a considerable quantity of flaky pus let out. Two or three weeks after this, during which time the joint went on well, a small abscess formed in the upper third of the tibia; this was scraped. A similar purulent focus also appeared in the shaft of the tibia. The knee-joint became worse. The author then tried endo-articular injections of iodoform emulsion in sterilised glycerine (1-10) at intervals of twenty to twenty-five days. After each injection there was fever of maximum grade on the second or third day. The tubercle bacillus was found in the joint secretion. Slight improvement followed the injections, which were used five times, but the patient not being satisfied, resection of the joint was finally done. It was then seen that the cavity was full of a mass of adipo-muco-fibrous connective tissue, the caseous substance being almost all gone, the osteitic foci cured or in process of cure, and the tuberculous nodules undergoing fibrous change. No

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bacilli were now to be found. Probably the iodoform acts by exciting a reactive inflammatory process, with formation of new connective tissue.

* * *

EMPYEMA IN CHILDREN.—Dr. Edmund Cantley of England gives, in the *International Medical Magazine*, the following general summary of the treatment of empyema in children, as based on eighty-six cases :

1. When pus is found to be present in the pleural cavity the proper treatment is to remove it.

2. The best method to adopt for its removal is simple incision and drainage.

3. The best site for the operation is the fifth space in the mid-axillary line.

4. Irrigation is unadvisable, and is indicated only in cases of fetid effusion.

5. Exploration and scraping of the cavity are not necessary.

6. Resection of rib is practically never necessary in children as a primary procedure to procure efficient drainage.

7. Resection of rib may be necessary to secure the closure of the sinus, subsequently, by allowing the chest wall to fall in.

8. Collapse of the chest wall is not a result to be desired in the early stages of the treatment.

9. Rapid and complete expansion of the lung is the great object of treatment.

10. The tube must be removed early.

* * *

THE DIFFICULTIES OF MEMORIZING. — "Sir," once said a black house-boy at a Chicago hotel to a distinguished English doctor, "can you give me anything to help me to memorize? You see, sir, if I could only memorize orders I could get a place in the restaurant; but my memory is so short that by the time I have got to the kitchen I have forgotten the order." Alas for this dusky applicant, says the *British Medical Journal*, and for others with short memories, no medicine has yet been discovered to enable one to memorize. We can help our patients to forget, we can, by the aid of drugs, give them for a short time a bath in the waters of Lethe; but, as every student knows who labors at his *memoria technica*, medicine will not help him to remember. In illustration of the difficulties some people find in remembering the small details of daily life an amusing story is told of Walter Savage Landor. He was extremely forgetful and was apt to arrive at a friend's without the keys of his portmanteau. Starting once on a journey he determined not to forget his keys. He carefully placed them in his pocket, and took them out several times during the journey to make sure they were there. On arriving at his journey's end he produced the keys with pride; but his treacherous memory had again played him a trick, for this time he had forgotten his portmanteau.

* * *

RESULTS OF TREATMENT OF HYDROCELE.—Spalinger reports, in the *American Medico-Surgical Bulletin*, forty-eight cases of injection of iodine for hydrocele of the tunica vaginalis, with 14 per cent. of relapses. From other sources he obtains about 300 cases so treated, with 8 per cent. of relapses, while in 130 cases treated by operations of various kinds there were 3 to 4 per cent. of relapses. In his own seventeen operations he had no relapses, although obstinate fistulae remained in three cases. Considering the slight disability caused by the affection, he believes that the mild treatment should be given a trial first, and operation reserved for relapsing or otherwise unfavorable cases (thick sacs, etc.).

* * *

TURPENTINE IN INCONTINENCE OF URINE.— The unpleasant smell emitted by persons suffering from incontinence of urine can be conveniently covered, according to Dr. Emminghaus in the *Lancet*, by means of ten drop doses of turpentine administered in milk or water three times a day. This converts the smell of stale urine into an odor resembling that of violets, as is well known to persons who have taken turpentine. The remedy is perfectly harmless in most cases, and has been given by Professor Emminghaus for many weeks at a time without any inconvenience. It is, however, contraindicated in ulcer of the stomach, gastric catarrh and nephritis.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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209 Park Ave., Baltimore, Md.

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BALTIMORE, AUGUST 3, 1895.

The Dependent Insane of Maryland.

MARYLAND as a State has always made inadequate and grudging provision for her dependent insane. The first public accommodation for insane patients was in connection with the Maryland Hospital, a general hospital, built partly by the State and city and partly by individual charity and the proceeds of a lottery.

This institution was the forerunner of the present excellent Maryland Hospital, popularly known as Spring Grove, which owes as much to private charity as to State aid and has never been adequately maintained by the State which it honors. Appropriations for its support have been small as compared with those of other commonwealths in no wise more wealthy than Maryland and the failure of proper legislation to enforce the just payment of sums due from counties for the care of their insane has crippled its resources and checked its legitimate development.

It has long been unable to care for the insane of the State or city of Baltimore and the latter has been compelled to erect in connection with the Bayview almshouse large and costly buildings for the accommodation of upwards of four hundred insane persons and to maintain nearly as many more at large expense at the Mount Hope Retreat.

Nor is this all. For many years it has been necessary for many counties in order to secure treatment for cases of recent and acute mental disease to remove chronic insane patients to county almshouses and jails to make room at Spring Grove until throughout the entire State little collections of the insane are to be found. They are badly housed, generally destitute of proper medical treatment or care and are likely to become, if they are not already, a source of demoralization to the communities where they reside.

The Lunacy Commission has repeatedly called the attention of the Legislature to these unfortunate patients who are kept in these improper places in violation of the law, but to little purpose. Spring Grove, Mount Hope Retreat and Bay View are all hopelessly crowded and vacancies for acute and dangerous cases of insanity can alone be secured by these illegal measures.

In 1892 an act was passed to establish an additional institution to partially relieve this deplorable state of affairs but it did not receive the approval of the Governor. Two years later the medical profession of Maryland became enlisted in the establishment of a second hospital for the insane and as a result of this agitation a small and inadequate appropriation was made for the location and erection of a cottage hospital. This was fifteen months ago and the Commissioners, who were promptly appointed by the Governor, have not yet secured a location.

If the delay arises wholly from the inability of the Commissioners to find a suitable location let them call upon some of the superintendents or managers of Spring Grove, Mount Hope or Sheppard to assist them. If the delay is due to a less worthy cause let the profession of the State assert itself and demand that a location be found immediately.

Too much valuable time has been thrown away already. The people of Maryland are vitally interested in prompt action.

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THE tendency of the present day seems to be towards erecting small hospitals for an especial object and the question is, Do these small hospitals answer every purpose and are they as great a benefit to the patients for whom they are erected as the larger buildings? In some cases they are and in others the erection of a small hospital is only for the gratification of some desire on the part of a body of men or of a denomination.

Small Hospitals.

The Germans say that the worst insect in American is the sect, because in most parts of Germany there are only the Roman Catholics and the Protestants, which are usually Lutherans. In this country, however, denomination runs riot and churches split and divide to form separate weak and struggling branches differing from the parent stem in some trifling point but which involve principle with a large P on the part of those interested. These denominations seek to keep their own together whether in a state of health or disease and for this reason denominational hospitals have sprung up in so many cities. Here the denominational spirit holds all other interests subservient to it. It is doubtful if the best scientific work is done in such institutions and if the best interests of the patients are always preserved.

The latest denomination in Baltimore and Maryland to agitate the subject of a hospital is the Baptist, which is one of the most powerful and far reaching sects in this country. As an outcome of a large Baptist convention held in Baltimore in July at which it was necessary to erect a hospital tent in which to care for the large number of those needing medical advice, it has been decided to take steps to erect a Baptist hospital in Baltimore. Other denominations have their hospitals and why should not the Baptists have theirs? The methods of treatment will not be different from those used in other advanced hospitals, but it is a question whether the application of all the machinery necessary for a small as for a large modern hospital is not a waste of material and if one large and complete hospital would not do more good than several small ones.

Of course the hospital for the treatment of a certain class of diseases, as an eye hospital, or one for the treatment of diseases of women, can do better work when apart; but when it is considered that there are seven schools in Baltimore and each one demands a hospital and there are many denominations also, and if each religious sect sets out to care for the bodies as well as for the souls of its members and the number of weak hospitals be multiplied here, poor work will be encouraged and good work will be sacrificed to a belief, and the amount of good will not be in proportion to the money and energy expended. Perhaps the Baptist hospital may follow Pastor Kneipp's methods and thus combine religious belief and special treatment. Churches should make haste slowly to erect denominational hospitals, even such powerful and influential denominations as the Baptists.

Another phase of the case is the statement that the Church Home and Episcopal Hospital which has lately acquired money through a legacy is now taking steps to erect a small hospital in the neighborhood of Baltimore for the care and treatment of consumptives. This does not profess to be a denominational hospital but it is an institution for the treatment of a certain class of cases and it will be so comprehensive in character that all diseases of the chest may receive attention and the object of the hospital will be kept steadily in view while the denominational character of the institution will in no way affect its progress. A movement made about a year ago to start a hospital for consumptives was a failure on account of insufficient backing but in this new move supported by prominent men, and an institution already in existence with no ideas of personal advancement, the chances for success are very favorable.

* * *

MANY a physician pays long professional visits when shorter ones would be better for the patient, more acceptable to the family and would do less harm to the physician, who can be exact, careful and clear in his directions without being fussy.

More Time.

An exchange very pertinently asks how it was that Marion Sims, Flint, Agnew, Keating, Fordyce Barker, Sir Andrew Clark, Charcot, Billroth, and others, had so much time for literary work? And yet their professional duties were certainly as pressing as any one's we know. It would seem that they felt the necessity of keeping their brains in good working order by writing; and if they thought so, no one could hardly be excused from saying, "Oh! I can find no time for writing."

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 27, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		3
Phthisis Pulmonalis		25
Measles	13	1
Whooping Cough	2	2
Pseudo-membranous Croup and Diphtheria.	2	1
Mumps		
Scarlet fever	14	1
Varioloid		
Varicella		
Typhoid fever	6	5

There are more than 300,000 persons, according to careful estimates, connected with the drug trade in the United States.

Dr. Howard A. Kelly of Baltimore will deliver the address on gynecology at the fall meeting of the Tri-State Medical Society, in Des Moines.

The Sultan Drug Company of St. Louis has just issued an anatomical model painted in different colors, a great help to the student and physician.

Dr. B. B. Browne of Madison Avenue has purchased the house of the late Dr. Frank Donaldson and will soon leave his present home for his new house at 510 Park Avenue.

Dr. J. H. Mitnick has removed his office to 309 North Exeter Street, and Dr. L. E. Neale has taken the offices corner of Calvert and Read Streets, Baltimore.

Dr. James V. Crawford died last week at his home in Warwick, Harford County, in his fifty-sixth year. Dr. Crawford was graduated from the University of Maryland.

Dr. Benjamin S. Mackie, Passed Surgeon United States Navy, committed suicide last week at his home in Philadelphia. This is the second suicide in the service within a short time.

Among the papers read at the meeting of the Litchfield County (Connecticut) Medical Society on July 9, was one by Dr. William H. Welch of Baltimore, on "The Antitoxine Treatment of Diphtheria."

By the will of Mr. Thomas O. H. P. Burnham, a wealthy old bookseller of Boston, the Massachusetts General Hospital is made residuary legatee and has already been paid over two hundred and fifty thousand dollars.

A training school for nursing attendants has been established in New York City, the object of which is to furnish skilled and trained attendants who shall be able to take care of the chronic cases and will not demand such high pay as the ordinary trained nurse.

Dr. A. J. Dalrymple, a retired physician of Baltimore, died in that city last week. Dr. Dalrymple was graduated from the University of Maryland in 1854, and after a few years of practice he retired to assist his brother, the well known pedagogue. Dr. Dalrymple was born in 1820.

Eye, Ear, Nose and Throat Clinic is the title of a new quarterly publication emanating from Kansas City, Mo., and edited by Drs. Flavel B. Tiffany and James E. Logan, and containing a department of neurology under the charge of Dr. John Punton.

The Third International Congress of Physiologists will be held at Berne, from September 9 to 13, 1895. Membership of the Congress shall be open to all professors and teachers of biological science, belonging to a medical faculty or any other similar scientific body, as well as to all scientific men engaged in biological research.

The Fifth International Congress of Otology will be held at Florence, Italy, from September 23 to 26. The Committee of Organization includes the following American names: Drs. C. J. Blake and Orne Green of Boston; A. H. Buck, H. Knapp and St. John Roosa of New York; C. H. Burnett and Laurence Turnbull of Philadelphia.

An order has been passed in Boston that all lunches sold in school buildings must be approved by a committee on hygiene. The object of this order is to exclude from the pupils' menu the deleterious articles of food of which children are especially fond, but which threaten proper digestion, and hence proper nourishment of the brain. It is wise to begin the development of intelligence thus from the source, and the practical lessons in restraint of the appetite so given the children must be exceedingly valuable if they can be daily enforced.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending July 29, 1895.

Leave of absence for one month, with permission to apply for an extension of one month, is hereby granted to Captain Junius L. Powell, Assistant Surgeon, United States Army.

The extension of leave of absence on account of sickness, granted First Lieutenant Alexander S. Porter, Assistant Surgeon United States Army, is further extended two months on account of sickness.

BOOK REVIEWS.

THE CARE OF THE BABY. A Manual for Mothers and Nurses, containing Practical Directions for the Management of Infancy and Childhood in Health and Disease. By J. P. Crozer Griffith, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Octavo, cl., pp. 392. Price $1.50. Philadelphia: W. B. Saunders, 1895.

This little book is a very reliable guide for mothers and intelligent nurses. It opens with a chapter on the hygiene of pregnancy and then follows a consideration of the characteristics of a healthy baby and the growth of its mind and body. The chapter on baby's diseases has been written with a view to making it comprehensible and useful to mothers who for reasons may not have a physician at hand and this chapter is particularly well done and will serve as a guide to the mother when in doubt, but only of course when the physician cannot be obtained, for knowledge acquired in this way by a woman, however intelligent, cannot compare with the experience of a physician. Illustrations are inserted here and there and in many cases they are good. The author has made his statements clear and they can be understood by almost anyone of ordinary intelligence. This book at this season of the year should be of immense value to mothers, but, as in all such works, it is difficult to draw the line between what a non-professional person should know and what should be left to the physician. Books like this, on the whole, are of benefit but in too many cases they fall into bad hands and work harm to the innocent infant. This is one of the best works of its kind that has been presented to the people for many a day. The publisher is to be congratulated on the attractive appearance of the cover and the fine press work generally.

REPRINTS, ETC., RECEIVED.

Medico-Chirurgical College of Philadelphia, 1895-1896.

Denver School of Medicine. Fifth Annual Bulletin, 1895-1896.

Missouri Medical College. Fifty-fifth Annual Announcement, 1895-1896.

Annual Announcement and Catalogue of the Baltimore Medical College. 1895-1896.

Thirteenth Annual Announcement of the Medical Department of Niagara University. 1895-1896.

College of Physicians and Surgeon, Baltimore, Md. Annual Announcement and Catalogue. 1895-1896.

Evisceration of the Eyeball. By L. Webster Fox, M. D., Philadelphia. Reprint from the *Medical Bulletin*.

Woman's Medical College of Baltimore. Fourteenth Annual Announcement and Catalogue. 1895-1896.

The Annual Announcement of the New York Post-Graduate Medical School and Hospital for 1895-1896.

The Fifty-second Annual Report of the Mount Hope Retreat for the year 1894. By Charles G. Hill, M. D.

Report for the year 1894-1895. Presented by the Board of Managers of the Observatory of Yale University to the President and Fellows.

The Medical Profession and the State. The Alumni Oration. By Hon. Marriott Brosius, Lancaster, Pa. Reprint from the *Medical Bulletin*.

The Use of Vaccine-Serum in the Treatment of Variola. By Llewellyn Eliot, A. M., M. D., of Washington, D. C. Reprint from the *Medical News*.

Burns of the Cornea; Electric Light Explosion causing Temporary Blindness; Traumatic Injuries to Eyes; Hypopyon. By L. Webster Fox, M. D. Reprint from the *Medical Bulletin*.

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CURRENT EDITORIAL COMMENT.

NURSING.

Kansas Medical Journal.

THE physician who makes his regular calls has much the advantage of the nurse, who in close proximity to the patient soon learns all the faults and foibles, and if there be in her makeup anything antagonistic to the individual traits of the patient, it will be a very unpleasant association. It is frequently the case that a change of nurse makes a wonderful difference in the progress of the case. This is not necessarily because of a difference in ability, but in many instances it is simply the individualism.

THE INDEX MEDICUS.

Southern California Practitioner.

IN the cessation of the publication of the *Index Medicus*, the profession of America has met a great loss. How great it is, now is impossible to tell. It does not speak well for the general intelligence of the profession that their patronage was so small that it could not exist thereby. Those who have depended upon it will feel the loss deeply; all will be injured by its suspension, even though they may not realize the fact. We hope that the united efforts of the journals and leading physicians may create so great a demand for such a publication, that the *Index Medicus* may be revived.

INVASION OF TUBERCLE BACILLI.

Archives of Pediatrics.

THE respiratory tract is by far the most common portal of entrance for these bacilli in young children. The lymph nodes at the bifurcation of the trachea present in a large number of cases the oldest lesions. Cavities, shrunken fibrous tissue and calcareous masses are well known to be older than cheesy masses, the miliary tubercle being the most recent lesion. Experiments have shown that dust particles readily reach these nodes, but do not pass beyond them, the glands acting as a filter. It has been demonstrated that tubercle bacilli may penetrate the mucous membrane and traverse the lymph channels without causing any lesion, the first lesion being found in the lymph glands, by which their progress has been arrested. These glands make a strong effort to withstand the ravages of the bacilli, and frequently succeed.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

The safest mode of remittance is by bank check or postal money order, drawn to the order of the *Maryland Medical Journal*; or by Registered letter. The receipt of all money is immediately acknowledged.

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Physicians when communicating with advertisers concerning their articles will confer a favor by mentioning this Journal.

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MARYLAND MEDICAL JOURNAL,
209 Park Avenue, Baltimore, Md.

NOTES.

IT IS stated that the best remedy for bed-wetting in children is normal liquid ergot.

*

FIFTEEN-GRAIN doses of salipyrine is advised in the treatment of menorrhagia of the climacteric.

*

A MILD gargle will usually be more beneficial in simple pharyngitis than a markedly astringent one.

*

METHYLENE blue applied to abrasions of the os uteri by means of a cotton probang is an effectual remedy.

*

THE oil of eucalyptus will be found very useful in some forms of rheumatic headache, or in cases of headache due to malarial fever.

*

THERE is perhaps no one remedy which is so efficient in all cases of asthenia, regardless of their source, as sodium iodide.

*

SALICYLATE of soda is recommended by Chibret in Basedow's disease as being quick and lasting in beneficial effects.

*

DR. WEILL claims that every form of vomiting during gestation can be relieved by a twenty per cent. solution of menthol in olive oil; dose, ten drops on sugar whenever nausea appears.

*

DR. ELMER LEE of Chicago claims that hydrozone is better than peroxide of hydrogen for internal administration, he having given both in a large number of cases of typhoid fever.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 17. BALTIMORE, AUGUST 10, 1895. WHOLE No. 750

ORIGINAL ARTICLES.

CROUPOUS PNEUMONIA IN CHILDREN.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., MAY 7, 1895.

By J. R. Wellington, A. M., M. D.,

Washington, D. C.

IT is not my intention in this short paper to enter into a detailed description of this disease, but to speak more particularly of those features characteristic of the disease in children.

Although it was formerly thought that nearly all cases of pneumonia in children were broncho-pneumonia, yet more recently competent observers claim that the croupous variety comprises one-third of all the cases.

Etiology.— As in adults, croupous pneumonia in children is nearly always a primary disease. While the chief predisposing cause is exposure to sudden cold or dampness, yet it occurs as frequently in warm as in cold climates. It is more often seen in winter and spring, yet the percentage of cases seen in summer is greater than in adults. Susceptibility increases with age and it is most common from the third to the seventh year. Robust, well nourished children are more prone to this form than the weak and debilitated. Rarely croupous pneumonia is secondary to measles, whooping cough, typhoid fever, scarlet fever, etc.

The exciting cause is believed to be the pneumococcus of Fränkel, although this is also found in a large percentage of the cases of broncho-pneumonia, in cerebro-spinal meningitis and in the saliva of healthy persons. It is supposed to become more active after exposure to cold or the lungs become less resistant to its influence.

Pathology.— This disease passes through the three stages of congestion, red and gray hepatization, although these three conditions often coexist in different portions of the same lobe. Another noticeable feature is that the consolidation at times begins in the center of the lobe and does not reach the surface until the second or third day, a condition which explains the late appearance of the physical signs. Rarely a portion of the lobe may remain unaffected. The lower right lobe is the most frequent seat of the lesion although the apices are more frequently involved than in the adult, and some competent authorities claim that the apex is the most common location. Bilateral pneumonia is by no means uncommon. An accompanying bronchitis is nearly always present, affecting the opposite, less often the diseased lung. When the inflammation reaches the surface, the resulting pleurisy is seldom serious and empyema is rare, except when following typhoid or other debilitating conditions. Abscess, gangrene and chronic pneumonia are fortunately less frequent than in the adult.

Symptoms.— As in the adult, the disease begins suddenly, but instead of the prolonged chill, vomiting is the most common symptom at the onset and is

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rarely absent, a convulsion is sometimes seen, but a chill is very rare except in older children. Pain is present, as can be seen by the facial expression, and is undoubtedly due to the localized pleurisy, but in the majority of cases the child refers it to the abdomen or the opposite side or to different places at different times. Cough is usually present, but is not so distinct as in adults and often does not appear until the second or third day, and is more frequent toward the end. Expectoration is never seen. Dilatation of the alae nasi and the expiratory moan are indicative of severe lung involvement and are of great assistance in making a diagnosis in obscure cases. The temperature reaches 104° or 105°F. very soon after the onset of the disease and continues high with but slight remissions until the sixth to eighth day, when it declines, as a rule, by crises and remains some days subnormal with slight exacerbations. The respirations are increased in frequency more than the pulse relatively and this alteration of the pulse-respiration ratio is an important diagnostic symptom. The respirations are quite distinctive, consisting of a sharp, quick inspiration, then a perceptible pause followed by an explosive, sometimes moaning, expiration. Following the crisis the symptoms abate very rapidly and it is not unusual to see a child, desperately ill on the day before the crisis, up in bed and playing on the following day, and convalescence more rapid than in the adult.

Some authors divide the atypical forms into four classes. 1. Abortive. 2. Wandering. 3. Gastric. 4. Cerebral.

In the abortive form they class those cases which set in with the characteristic symptoms and signs, but in two or three days the lungs clear up and all symptoms abate.

By the wandering form is meant those cases in which signs of consolidation are present in different lobes at different times, resembling broncho-pneumonia.

In the gastric, the disease sets in suddenly with vomiting, anorexia, diarrhea, severe abdominal pain and tympanites with but few symptoms of lung involvement, and it is only after the second or third day, and then by careful and repeated examinations, that the diagnosis is made.

The cerebral embraces those cases which have convulsions at the onset, followed by delirium, either incoherent rambling, or wild and excited, simulating meningitis; here, also, the diagnosis is difficult to make because of the preponderance of the nervous over the pulmonary symptoms. On account of the greater susceptibility of children to sudden nervous impressions, severe cerebral phenomena are much more common than in adults. It was formerly thought that the nervous symptoms were more often associated with consolidation of the apex, but Holt and others have shown that the extent of the disease and not the location is the important factor in causing these symptoms. True meningitis is rarely found as a complication.

The *physical signs* of this disease in children are difficult to elicit on account of the fretfulness of the child, are late in appearing and not so distinctive when obtained as in the adult. In making an examination it should be borne in mind that the apex is nearly as often affected as the base. On inspection, the affected lung usually shows diminished expansion. On palpation the vocal fremitus may be increased, but this is an unreliable sign. On percussion, if the consolidation begins in the center, no dulness can be obtained before the second or third day and then often an emphysematous condition of the surrounding lung, a distended abdomen, or the normally large liver in children may render the examination unsatisfactory. The fine crepitant rale of the first stage in the adult is rarely or never heard in children and bronchial breathing is late in appearing and in some cases can be heard only in the axillary line.

Diagnosis: While in the early stages croupous pneumonia may be mistaken for many other conditions, the diseases from which it is most important to diagnose it are broncho-pneumonia and meningitis. From the former it may be distinguished by being a primary disease, by its sudden onset, the continuous rise

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of the temperature with crisis from the sixth to eighth day, and by the fact that in broncho-pneumonia the consolidation is lobular and disseminated throughout both lungs. From meningitis it may usually be diagnosed by careful and repeated examinations of the chest, by the cough when present, the dilatation of the alae nasi and by the alteration of the pulse respiration ratio. In meningitis the pulse is slow and often intermittent and irregular, the temperature is rarely as continuously high, the pupils may be irregular and paralysis is not uncommon.

Prognosis.—This disease is self-limited and uncomplicated cases always tend to recovery. Secondary cases are less favorable. Townsend of Boston has collected 1138 cases with but 28 deaths, or about 2 per cent. This small death rate can be better appreciated when we consider that the mortality in whooping cough is estimated at from 3 to 15 per cent., scarlet fever, 12 per cent., measles, 3 to 5 per cent., and broncho-pneumonia in children, 30 to 50 per cent., while in the croupous pneumonia of adults, from 20 to 40 per cent. We thus see that this is one of the least fatal of all the acute diseases of childhood.

Treatment.—In mild, uncomplicated cases, active treatment is not necessary and in many cases is positively harmful. The patient should be placed in bed in a room kept at a temperature of from 68° to 70° and under good hygienic surroundings. The diet should consist of milk in small quantities at frequent intervals, but if not well borne, beef juice, broth, albumen water, etc., may be substituted. In these cases stimulants are seldom required except at the crisis, when brandy, strychnine or digitalis may be indicated. Locally, mild counter-irritation may be kept up with mustard or turpentine and oil and the whole chest should be enveloped in an oil silk jacket. Poultices are not advisable on account of the difficulty in keeping them properly in position, the necessity of frequently changing them and the consequent exposure, their weight interfering with the easy respiration of the child, and the liability of their becoming too cold and uncomfortable. In the adult, heart failure is to be guarded against, while in childhood, on account of the weakness of the respiratory muscles, there is more danger of respiratory failure from an accumulation of mucus, congestion and atelectasis. These dangers are met by having the child change his position from time to time and the administration of carbonate of ammonia in addition to the stimulants already mentioned.

The temperature yields more readily than in typhoid and is best reduced when necessary by sponging, the wet pack, or even the plunge bath; the wet pack is usually very effective in reducing the temperature, quieting the delirium and stimulating the heart's action. Of the antipyretics, antipyrine is probably the least objectionable. When the cough or pain is severe enough to prevent the child from sleeping, opium is indicated, preferably in the form of Dover's powder.

From this brief description, I would emphasize the following facts:

1st. That croupous pneumonia is more frequent in young children than is generally supposed.

2nd. That vomiting is the most common symptom of the onset.

3rd. That the early symptoms point to disease of the digestive or cerebral systems rather than the pulmonary.

4th. That the physical signs are frequently late in appearing on account of the consolidation beginning in the center of the lobe.

5th. That careful and repeated examinations of the chest should always be made in all acute febrile diseases of childhood.

6th. That croupous pneumonia in children is one of the least fatal of the acute diseases.

TROPICAL CLIMATE AND MENSTRUATION.—Joubert (*American Journal of the Medical Sciences*) concludes that the reason why girls in tropical countries menstruate at a relatively earlier age than Europeans is not the influence of the climate, but of too early sexual excitement.

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REMARKS ON FRACTURES OF THE SKULL.

READ BEFORE THE PHILADELPHIA ACADEMY OF SURGERY, JUNE 3, 1895.

By Charles W. Dulles, M. D.,
Philadelphia, Pa.

I DESIRE to call the attention of the Academy of Surgery to some points in regard to fractures of the skull which I believe do not receive in this country, or anywhere except in Germany and Russia, the attention which they deserve. I mean the mechanism of indirect fractures. This has much more than a purely scientific interest; it may be an important factor in our application of the art of surgery as well. It is now eight years since I read before the College of Physicians (*Transaction College of Physicians of Philadelphia*, 1886) a paper to the preparation of which I had devoted a great deal of time and labor, and in which was expounded the theory known as the "bursting theory," of indirect fractures. This paper has, so far as I know, never been noticed in any way on this side of the Atlantic. I refer to it, because I would like to make it the authority for certain statements which I make here and which are there supported by argument and demonstrations.

The bursting theory of indirect fractures of the skull may be invoked to clear up many difficulties of diagnosis in fractures of the skull, and I believe that it should invariably be invoked before conclusions of a medico-legal character are reached.

I have seen more than one case under the care of the coroner of Philadelphia, in which I found a fracture precisely where I thought it should be, even after the coroner's physician had examined the skull and concluded that there was no fracture at all. I have also seen cases in the living in which the application of the "bursting theory" has furnished very instructive suggestions in regard to diagnosis of accidents to the skull, making them much clearer and the treatment much more satisfactory. An appreciation of the bursting theory also often clears up the perplexities of cases in which, without detectable fracture of the skull, there is found a rupture of blood-vessels and hemorrhage within the cavity of the skull, either extra- or intra-dural.

Briefly stated, the bursting theory may be outlined as follows: The skull is a hollow case of a somewhat ellipsoid form, the wall of which is formed of bone, varying in thickness and density in different parts, and of a peculiar conformation, and with peculiar contents and coverings. When such a case is struck, or when it strikes upon a resisting body, it is compressed in a direction in the line of the force and counter-pressure (which latter may depend wholly on *vis inertiae*). The result of this compression is to shorten the prime diameter, and of necessity to lengthen the transverse diameters. As illustrating this first phase of action, Sir Charles Bell, in the early part of this century, made an experiment (which is easy to repeat), in which he placed movable balls inside and outside of a hoop and touching it, and found that a blow upon any part of the hoop caused the balls immediately under it and that immediately opposite it to move toward the center of the hoop, while those distant ninety degrees from it moved away from the hoop. If this experiment were to be modified so as to meet the conditions of a hollow sphere instead of a circle, we might place half of a hollow sphere upon a resisting surface, and striking it on the upper pole would find that this pole would approach the resisting surface and the circumference would be elongated and describe a larger circle. In such an experiment, made upon an elastic substance, the compression and elongation would be followed by a corresponding expansion and shortening. The first compression and elon-

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gation spoken of are of the chief importance in indirect fractures of the skull, and in them we have (to use a simple illustration) conditions similar to those when an umbrella is raised. In the latter case it is plainly seen what takes place, namely, that, as the pole is brought nearer to the equator, this is elongated and the space between the meridians (the ribs of the umbrella) is increased. This increase being expected and provided for by material which lies in folds between the meridians, this is simply spread out. In a body with no such provision, however, any force that would bring its poles nearer together, and consequently lengthen its equatorial circumference and separate its meridians, would at once set up a struggle between the force applied and the cohesion of the particles lying along and between the meridians. If the power of cohesion were sufficient, there would be no disruption; if, however, it were not, then there would be a split beginning at some point near the equator, where the strain is most severe, and passing in opposite directions toward the poles. This is what would take place in a perfectly symmetrical homogeneous elastic body. What naturally takes place in the skull is shown by observation and experiment to be this, modified by the peculiar structure, formation, contents and surroundings of the skull.

This is what is known as the "bursting theory," and its bearing upon practice will be appreciated, I think, by those who apply it. It provides the surgeon — not with certainty of diagnosis, but with suggestions of probability, which will increase his chances of making a reliable diagnosis. The inferences from it, which are of a practical nature, are as follows: Force applied to the skull, of sufficient violence and rapidity of action, will produce what is known as a direct fracture, a fracture at a point where the violence was applied. In these cases the rapidity of action is a very important element, as it is a well-known fact in physics that time enables cohesion to resist a disruptive violence, which, if instantaneously applied, would at once overcome cohesion. Force less sudden and less extreme applied to the skull will bring actively into play the elastic properties of the skull, and if violent enough will lead to a fissure at some distance from the point at which the violence was applied, and usually in a line meridianal to the point where the force was applied. My study of a large number of accidental and experimental fissures indicates that blows upon the forehead directly in the middle line are likely to produce a fissure of the skull, passing from front to back in or near the middle line, and more frequently at the base of the skull than in the vault. Blows applied to the forehead on one side or the other are likely to produce fissures in a line with the direction of the force, and crossing the skull to the other side. Such fissures occur almost always in the base, and they usually terminate in the middle cerebral fossa, though they sometimes cross the foramen magnum and traverse the cerebellar and posterior cerebral fossa. Force applied to the middle of the occiput usually produces a fissure, passing in the direction of the force around the occiput, laterally or perpendicularly, sometimes separating the lamboid suture, sometimes splitting the lower part of the occipital bone and going into the foramen magnum, and sometimes crossing the petrous bone, breaking it tranversely and passing into the foramen lacerum medius. Such fissures may pass straight down to the foramen magnum and (crossing over) split the body of the sphenoid bone and extend into the ethmoid or frontal bone. (Such fissures furnish typical illustrations of the correctness of the bursting theory.) Force applied to the side of the head, in almost all cases, produces a fissure passing through the base of the skull in the middle cerebral fossa. Such a fissure sometimes traverses this fossa completely and may pass completely through the base and vault, dividing the skull into two halves. In some cases the fissure passes directly through the coronal suture; in many cases it splits the petrous bone longitudinally. In some cases force applied to the side of the head causes a splitting off of the poste-

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rior clinoid process, an occurrence that is explicable only upon the supposition that the tentorium cerebelli, which is attached here and to the occipital bone, is put upon the stretch when the skull is elongated antero-posteriorly and drags these portions from the body of the sphenoid. Force applied to the side of head frequently produces fissures passing around the side of the head, through the parietal and squamous bones, and often passing to the basi-sphenoid, but rarely dividing it completely. In some cases force applied directly to the vertex produces a fissure in the long axis of the skull. Such a fissure may be of very great extent and may even divide a skull into two symmetrical halves. Longitudinal (antero-posterior) fissures occur more frequently in the base of the skull than in the vault.

An interesting form of violence, applied to the skull, is that due to falls upon the feet, where the momentum of the body is suddenly arrested by the resistance of the earth. In such a case a ring of bone surrounding the condyles may be driven into the skull, or — as observation and experiment show — the process of the sphenoid bearing the posterior clinoid process may be broken off by the pull of the tentorium cerebelli, when momentum and resistance lessen the diameter from condyles to vertex and lengthen the diameter from occiput to sinciput.

I state my views in reference to this matter somewhat authoritatively, because I have studied it pretty thoroughly for ten years, and because these views agree, I think, with those of the most careful students of the subject in recent years. They have also been confirmed by a considerable number of personal observations. They have an important bearing upon surgical practice and also upon medico-legal questions. For example, in 1886 I saw a coroner's case of a person who had fallen down some stairs, striking the head near the external occipital protuberance, in which, after the skull had been opened and the brain removed, no fracture was found by the coroner's physician, and none would have been found had he not been asked to remove the dura and to look along a line suggested by an application of the bursting theory, where a fissure was found passing down through the occipital bone and into the jugular foramen.

My investigations show in over 90 per cent. of all cases fissures that correspond to what might be expected from an application of the principles of the "bursting theory." This result seems to establish the theory by the best test that we can apply to it; so that it appears to rest upon a very firm tripod of reasoning, experiment, and clinical observation.

I do not overlook the fact that there are fractures that cannot be accounted for by it. There are some fractures in which the force applied is so great and acts in such a manner that the skull is crushed so as to hide any evidence of the play of its elastic properties, the fracture being of a comminuted sort; and there are others in which one segment of the skull seems to be shoved over the other by forces of pressure and counter-pressure which require some study before their mode of operation can be understood. For this reason it is of importance to learn in every case the position which the skull has held in relation to the spinal column or to any body capable of exerting counter-pressure. No less is it important not to overlook the counter-pressure that is caused by the simple *vis inertiae* of the skull and its contents.

But it would be impossible to speak of all the influences that may modify the strict application of any one theory in regard to fractures of the skull; and I must close with the expression of my own conviction that the supreme law governing the production of indirect fractures is that which depends upon the fact that the skull is practically a hollow elastic case approximately oval in shape, and which may be briefly formulated as follows: When a sufficient force is applied to any curvilinear part of the skull, if this part do not give way immediately, the axis of the skull lying in the same line as that of the applied force is shortened, and all the axes lying in planes at right angles to this line are

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correspondingly lengthened, with a proportional lengthening of their circumferences and separation of their meridians, so that the direct depressing force is converted into an indirect disruptive force acting at right angles to the direction of the former. The effect is to produce a fissure or fissures, which will have a general meridianal direction.

The application of this law is subject to certain modifications due to the anatomical and architectonic peculiarities of the skull, its coverings and contents, and to certain exceptions due to the amount and velocity of the force applied as well as to the coming into play of peculiar counter-forces.

LICHEN PLANUS OF THE HANDS AND FEET.— Hallopeau (*American Medico-Surgical Bulletin*) says that lichen planus may have for its seat of election the palms of the hands and the soles of the feet, constituting a form of hyperkeratosis. The parts are surrounded by an erythematous zone, and accompanied by an intense pruritus.

* * *

THIRST AFTER CELIOTOMY.—Dr. William H. Humiston of Cleveland, Ohio, reports in the *American Journal of Obstetrics* his method of preventing thirst after celiotomy, which is as follows :

The patient should have the usual preparation for celiotomy — *i. e.*, diet, daily baths, cathartics, etc. For three days prior to operation, order the patient to drink one pint of hot water an hour before each meal and on retiring, thus drinking two quarts of water each twenty-four hours, the last pint to be taken three hours before the time set for operating. Do not omit to give the water the day previous to the operation, while the patient is restricted to a limited amount of liquid nourishment and the bowels are being unloaded. We thus restore to the system the large loss of fluid occasioned by the free catharsis, and we have the great satisfaction of seeing our patient pass through the trying ordeal of the first thirty-six hours after operation in comparative comfort, with no thirst, a moist tongue, and an active renal function, represented by an excretion of from twenty-eight to fifty fluidounces of urine during the first twenty-four hours, catheterization being seldom necessary. This is in keeping with the full character of the pulse noted.

The above detail I have recently carried out in twelve cases. To eleven chloroform was administered, to one ether. The time required to complete operation varied from ten to fifty-five minutes. Whether the case was one of sclerotic ovaries or a pus case with universal adhesions of all the pelvic structures, the result has been uniform and highly satisfactory, thirst being allayed and excretion stimulated (a very essential condition to prompt recovery).

I believe this method will prove to be efficient in the hands of abdominal surgeons generally, and I publish it early with all confidence that the twelve cases I have had will soon be fortified by the reports of many hundreds, and that by it we may avoid a condition that is and has been distressing alike to patient, surgeon and nurse.

* * *

URINE FILTRATION.— In the *Boston Medical and Surgical Journal*, Dr. L. F. Bishop gives a quick method for filtering small quantities of urine. A small quantity of the cloudy urine is placed in a test-tube, the mouth of the test-tube plugged with cotton with a moderate degree of firmness. A second test-tube is placed with its mouth to the first. The position of the tubes is now reversed so that the one with the urine is bottom upward. The upper tube is now carefully and gently heated over the flame of a Bunsen burner or alcohol flame, and the expansion of the air above the urine immediately forces it through the cotton plug, and the filtered urine collects in the lower tube. In this we imitate to a degree the rapid-filtering apparatus of laboratories, but use pressure above the fluid to be filtered instead of an air-exhaust below.

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SOCIETY REPORTS.

THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD MAY 7, 1895.

At the meeting of the Clinico-Pathological Society, held May 7, 1895, at the office of Dr. Holden, the following pathological specimens were presented by Dr. Kelley: Large stone taken from the bladder through the abdomen. A case of acute peritonitis, in which was found a fibroid tumor of the uterus, an ovarian cyst, a pelvic abscess, and appendicitis.

Dr. Wellington read a paper entitled CROUPOUS PNEUMONIA IN CHILDREN. (See page 305.)

Dr. Stone opened the discussion. He said: It is sadly lacking in taste, to say the least, to open any discussion with an excuse or apology, but here I think I am justified in so doing for the scope of the evening's paper is far without my bailiwick and again, as my library only contains works (on general subjects) which the advance of time have relegated to the past, any criticism I may possibly advance would be in the nature of (if I may be pardoned the use of slang) "back-numbers."

It has always appeared to me that the treatment of children with their many disorders required a little more than the usual care and ability. In the adult undoubtedly, we are dealing with intellect and reason which will suggest and aid the physician in diagnosing, but in the infant it is different. I have heard physicians say they preferred the treatment of children for the reason that they (the children) never or seldom ever lied. This is very true for it is more natural for a child to be up and bright enjoying its play, than the adult, who may wish a few lazy days in bed. Still, in the infant one must absolutely be certain as a diagnostician and keen observer to gain the coveted reward of success. I shall in nowise attempt to discuss the entire paper, but only here and there. Although in well managed cases all authorities agree in the favorable prognosis, still Loomis in the prognosis says: "The prognosis in pneumonia depends more upon the age of the patient than upon any other single element; occurring in the young child, or in a very old person, it is almost certainly fatal." Again, as regards the limit of temperature, the same author says: "A temperature of 104° F. must be regarded as the limit in a mild case of pneumonia." Loomis says in his introduction of treatment that "perhaps there is no disease, the treatment of which has been so bitterly and earnestly discussed, as the one now under discussion. It has been the battlefield of the advocates of heroic measures on the one hand and of the advocates of expectant plan of treatment on the other."

Dr. Wellington refers in treatment to reduction of temperature by "sponging, wet-packs or even the plunge bath (cold)." Of course, heroic diseases and symptoms require heroic measures but it appears to me that this should be a *dernier ressort* even if ever used. I do not believe the children of the rich and better classes could nor would stand such severe measures. Loomis is quoted in this connection as saying: "The Germans believe that in pneumonia the temperature can be reduced by the application to the chest of cold compresses; a cloth of some thickness is to be wrung from cold water and applied every five or ten minutes to the affected side. It is claimed for this measure, that not only does it relieve local symptoms but it lowers the body temperature and hastens the day of crisis. There can be no doubt that the pain in the side and the dyspnea will be relieved in this way; but it is also certain that the reduction of temperature and relief of local symptoms are only temporary. My own experience (Loomis) would lead me to believe that pneumonia treated in this way is more liable to extend; besides, unless great care is exercised in the application of the compress, the patient is quite likely to be chilled, and as the measure is only temporary he does not regard it as a safe measure."

Again, in treatment Dr. Wellington prefers antipyrine. I do not know what experience he may have had with

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the drug, but am almost certain that it will be but a matter of time before he will meet his Waterloo. Some years ago during an attack of typhoid my wife's temperature being 103° and the doctor desiring reduction, resorted to this drug for its accomplishment. Only five grains were given. There was dangerous heart failure and at the same time a reduction of temperature subnormal in less than two hours. At that time, strange as it may seem, the drug was more universally used in the west and southwest than here in the east. I agree most heartily with him in that frequent and careful watching is absolutely necessary. I regret most sincerely that I am unable to discuss the paper as it deserves, but I am fully aware that abler hands than mine will open all avenues and the subject and paper will receive the praise and interest it most justly demands.

Dr. Glazebrook said that in regard to croupous being more prevalent than catarrhal pneumonia in children he was of the opinion that it was just the reverse.

Dr. Wellington said that about one-third of all cases of pneumonia are croupous. As to differential diagnosis, a large majority of the cases of croupous pneumonia brought to the Children's Hospital, say 90 per cent., were previously diagnosed as cases of meningitis; the movements of the alae nasi muscles clinched the diagnosis of pneumonia. The cold pack and bath are to be preferred to antipyretics in the treatment of this disease; this was the preferred treatment at the Children's Hospital.

Dr. Frank Leech said that he had some experience with croupous pneumonia in the Children's Hospital but did not see so many cases as those of catarrhal pneumonia. After leaving the hospital and engaging in private practice the order of things seemed to be reversed. The oiled silk jacket is a valuable adjunct to the treatment of this disease. He prefers the application of cold to the use of antipyretics.

Dr. Sprigg said he was glad to hear the oiled silk jacket recommended in the treatment of pneumonia.

Dr. Snyder said that the oiled silk jacket used to be considered a pathognomonic sign of pneumonia. He thinks there is considerable difficulty in making the differential diagnosis between capillary bronchitis and this disease; it is certainly more difficult than one imagines it to be. The cold bath and pack is not so rational as it seems at first sight.

Dr. Glazebrook said the relief following the use of the cold pack or bath was marvelous.

Dr. Stone asked if the cold pack is used in private practice as much as it is used in the hospitals.

Dr. Olin Leech said that the oiled silk vest and cold pack and sponging are favorite remedies of his. He also thought well of the practice of mixing quinine with vaseline and rubbing it in the skin; he does not use antipyretics or expectorants, the latter working more harm to the stomach than benefit to the patient.

Dr. Tompkins said that the principal question under discussion was whether cold packing or hot applications to the chest should be used. If he had pneumonia he would prefer hot applications to the chest.

Dr. Mackall said that the old flaxseed meal poultices should not be altogether discarded. The cold plunge and pack are valuable, but no routine treatment ought to be recommended.

Dr. Glazebrook said that the cold pack and sponging are to reduce the temperature. Sometimes the hot applications agree with patients better than cold.

Dr. Tompkins said that the applications to the chest are to promote resolution and not to affect body temperature.

Dr. Olin Leech said that the cold acts as a stimulant to the circulation, as well as to the nervous system. He uses flaxseed meal poultices; sometimes they did not have time to remove the oiled silk jacket.

Dr. Deale said that if it is a specific disease the local applications should not affect it at all. The oiled silk jacket offers more of a protection than any curative power. Unless the temperature is excessive it is better to let it alone,

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as it has been shown that the pneumococci cannot exist at a temperature above 104°–105° F. Sponging, or cold pack if it is allowed, is the better remedy for reducing temperature. As to antipyretics; antipyrine is by far the most depressing; phenacetine is to be preferred—if followed by quinine it is quite efficacious. Diagnosis is sometimes quite difficult. Mortality is considerable, somewhat greater than he imagined, according to Dr. Wellington's paper. Treatment: Nitroglycerine is a valuable remedy.

Dr. Clark said that in the treatment of cases, baths would not be used in children who are weak or exhausted. He agrees with Dr. Mackall about routine treatment, and with Dr. D. O. Leech as to using as little medicine as possible. Aconite in incipient pneumonia is the most valuable drug for reducing temperature. Quinine is valuable after the temperature has been reduced by aconite. It should not be used by the mouth, but rubbed in with lanolin or in suppository. A great deal of the treatment depends on the stage at which you see the patient. The shock to most children of the wet sheet is considerable. The bath at about body temperature is to be preferred, and we can gradually lower the temperature of the water. If shock ensues, brandy or other stimulants are indicated. Poultices are not to be discarded, in properly selected cases; if the nursing is good, and the patient a strong child, improvement will follow their use. In weak children the poultices by their weight do harm.

Dr. Muncaster wished to mention one point in the examination of the heart in pneumonia; it is found that the radial pulse will not indicate the exact action of the heart. The examination of the right side of the heart, and the use of trinitrin, is important.

Dr. Wellington in closing said that Dr. Stone quoted Dr. Loomis, who is at variance with most authors in treatment and prognosis of croupous pneumonia. He regards cold as valuable; he uses both the sponging and pack. As to frequency his experience is that it is a comparatively infrequent disease, but eminent authorities declare that it forms one-third of all cases. He advocates cold pack, and sometimes poultices. Quinine in his experience has little effect in pneumonia.

Dr. Tompkins read a paper entitled CEREBRAL HEMORRHAGE, with specimens, the discussion of which was postponed until the next meeting.

R. T. HOLDEN, M. D., Secretary.

PHILADELPHIA ACADEMY OF SURGERY.

STATED MEETING, JUNE 8, 1895.

Dr. Thomas G. Morton, the President, in the chair.

Dr. Charles W. Dulles read a paper on FRACTURES OF THE SKULL. (See page 308.)

The President: Has the alteration in the conformation of the skull, I mean the shortening of the axis in the direction of the applied force and the lengthening of the transverse axes, been accurately determined by measurement?

Dr. Dulles: Yes; the alteration has been carefully measured and there is an appreciable difference, the amount of which is mentioned in my former paper.

Dr. Hewson: In connection with the remarks upon the fractures of the clinoid processes, have you taken into consideration the fact of the difference in the height of the free concave margin and anterior attached extremities to the posterior clinoid process? Owing to this, the portion of the tentorium open for the passage of the nervous substance is triangular, with curved sides, and this is much higher than its attached anterior extremities to the posterior clinoid processes. The direction of the free margin of the tentorium is pointed upward over the superior vermiform process of the cerebellum, this margin being higher than its anterior attachment. I only wish to ask if the direction of the traction upon the posterior clinoid processes contribute anything to the fracture? The point I wish to ask is, have you observed any laceration of the margins of this opening?

Dr. Dulles: Whether or not the posterior clinoid processes are higher than

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the arch of the tentorium depends much on the way in which the skull is held. I should think that under ordinary circumstances, when the head is held erect, they are about on the same level.

Dr. Hewson: The tentorium arches upward.

Dr. Dulles: I have not overlooked this fact in my study of fractures of the skull. Under ordinary circumstances the curve of the tentorium would supply an amount of slack material which would prevent any pull on the clinoid processes. But it must be remembered that the tentorium rests upon the cerebellum and is held tense by the cerebrum above the cerebellum, and is so attached that the latter occupies a closed, unyielding case. The brain-substance is so largely made up of water that it is almost as incompressible as water (which is practically entirely incompressible) and the cerebellum will hold up the tentorium almost as effectually as if it were made of marble, and so cause a pull at its posterior part to be transmitted to its anterior attachments. This I say only by way of suggested explanation of fractures of the processes; I have no demonstration of the theory to offer.

MEDICAL PROGRESS.

RENNET-ZYMOGEN AND STOMACH DISEASES.— Dr. Julius Friedenwald of Baltimore has made a very exhaustive study in the *Medical News* of the quantitative estimation of the rennet-zymogen and its diagnostic value in certain diseases of the stomach, from which he sums up the following conclusions:

1. Under normal conditions the milk-curdling ferment may be present in dilutions up to $\frac{1}{40}$, the zymogen up to $\frac{1}{150}$.

2. In those cases in which there is a normal or diminished percentage of free hydrochloric acid, the milk-curdling ferment and its zymogen may be present in normal quantities or may be markedly diminished. Their estimation, therefore, in these cases is of little value.

3. The estimation of the milk-curdling ferment and its zymogen is of great diagnostic as well as prognostic importance in those cases of gastric disorder accompanied by an entire absence of free hydrochloric acid. In these cases (chronic gastritis or carcinoma) there is marked diminution of the zymogen ($\frac{1}{40}$–0), depending upon the severity and extent of the disease. In cases of nervous dyspepsia, as well as in secondary catarrh, the zymogen is present in normal proportions in dilutions of from $\frac{1}{150}$ to $\frac{1}{60}$. We can, therefore, readily determine whether there is actual disease of the gastric mucous membrane or simply a nervous or congestive condition.

4. In those cases in which there is an absence of free hydrochloric acid, and in which the labzymogen falls between $\frac{1}{60}$ and $\frac{1}{40}$, it is impossible to determine at once whether there is a catarrhal condition or nervous dyspepsia present. Several examinations must be made to determine whether the labzymogen ranges above $\frac{1}{60}$ or below $\frac{1}{40}$.

5. In cases of chronic gastritis the examination for the labzymogen is of considerable prognostic importance. In those cases in which the labzymogen is diminished from $\frac{1}{15}$ to 0 there is no chance of recovery; in those in which it is diminished from $\frac{1}{40}$ to $\frac{1}{80}$ there is a possibility that judicious treatment may result in recovery.

* * *

DIET IN PREGNANCY.— Dr. Eichholz of Kreuznach, in the *British Medical Journal*, maintains that a large proportion of the discomforts and difficulties preceding, attending and following parturition might be avoided by a rigid adherence to some simple dietetic rules. Excess of albumen and of water are, he considers, the errors against which pregnant women should be warned, as tending respectively to excessive development of the fetus and secretion of amniotic fluid. His rules are: Meat only once a day, and that in small quantity and rarely if ever salted; green vegetables, salad, potatoes, bread and butter, but avoiding as far as possible eggs, peas and beans, as being too rich in albumen. Thirst to be quenched by milk or water in moderate quantities, and cocoa in preference to tea and coffee.

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Wine, beer and spirits to be forbidden, and drink of any kind unless in case of urgent thirst; but fruit, raw or cooked, to be indulged in *ad libitum*. The general result of such a diet he found to be a remarkable feeling of well-being; the sense of fulness, bearing down, and weariness, thirst and constipation soon disappeared, and the patients have been able to walk many miles up to the eve of confinement. His own wife would leap ditches and climb hills, and even on one occasion ventured on a race for endurance. The ease and rapidity of the deliveries in some 25 consecutive cases, some of whom had previously had tedious or difficult labors, the small amount of liquor amnii, often not more than a teacupful and sometimes almost inappreciable, were striking, and all without exception succeeded in nursing their infants, though some had not been able to do so before. The children were healthy but small, mostly weighing six pounds, and the circumference of the head was under 36 cm. (14 inches), averaging 33 to 34. The restriction of albuminous foods had no injurious effect on the quantity or quality of the milk.

* * *

THE COST OF AN EPIDEMIC.—As an illustration of the pecuniary loss to the community arising through the prevalence of infectious diseases, Dr. Campbell Munro, medical officer of health of the county of Renfrew, in his annual report in the *British Medical Journal*, makes the following interesting statement: In the course of an epidemic of enteric fever in 1893 there occurred 859 cases, and 74 people lost their lives. He put aside any reference with respect to the immense amount of bodily pain and suffering, the mental distress and anguish, the misery and wretchedness involved in these figures. He confined himself to the pecuniary aspect of the question. Having before him an approximate statement of the wages earned by each individual wage earner attacked in the course of the epidemic, together with the average period during which he was prevented by illness from pursuing his occupation, he was in a position to estimate the cost of the epidemic to the community through loss of wages at $16,455. There was next to be considered the expense involved in connection with the treatment of these illnesses, extending, on an average, over seven weeks. He found that the average cost of treatment for each patient received into hospital in the course of the epidemic was about $43.75. He was, therefore, well within the mark in estimating the average cost of treatment of cases, overhead, at $25. It might be taken that, in respect of a large proportion of the cases treated at home, the cost of treatment was limited by the pecuniary capacity of the household. The cost of treatment upon this scale amounted to $21,475. $25 was the accepted estimate of the average amount incurred in connection with funeral expenses; and the expenditure arising in this connection falls to be set down at $1850. Finally, they had to estimate the value to the community of the lives lost in the course of the epidemic. That human life had a distinct pecuniary value was a consideration which had probably never entered the mind of the average citizen. Nevertheless, the matter was one susceptible of actual demonstration. A quotation from the writings of Farr, the greatest authority on the subject, would best illustrate the position of the matter. "As lands, houses, railways, and the other categories in the income tax schedules are of value, because they yield annual returns, so for the same reason and on the same principle, the income of the population derived from pay of every kind for professional or other services, and wages, can be capitalized; not precisely, it is true, unless the income of every person living were returned at least as nearly as incomes subject to income tax; but sufficiently near to the true value to show that the value of the population itself is the most important factor in the wealth of the country. . . The capitalization of personal incomes proceeds upon the determination of the present value, at any rate, of the future annual earnings at that and all future ages."

The value to the community of an in-

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dividual member was ascertained by deducting the capitalized future cost of subsistence of the individual from his capitalized future income. Proceeding upon these lines Farr arrived at the conclusion that "the minimum value of the population of the United Kingdom—men, women and children—was $795 a head; that was the value inherent in them as a productive, money-earning race." He estimated the value of the population of the United Kingdom at the time he was writing as equivalent to a capital sum of $26,250,000,000, while the "capital" of the country (using the term in its ordinary sense) amounted, according to Mr. Giffen's estimate, to $42,500,000,000.

Adopting Farr's figures as a basis for the calculation, he has made a rough estimate of the value "inherent in" the persons who died in the course of this epidemic, "as a productive, money-earning race." He found that it amounted to the very large sum of $67,700. So that the pecuniary loss to the community of Mid-Renfrewshire, arising in connection with the epidemic, amounted to the enormous total of $107,480. A consideration of these figures, Dr. Munro observes, might well suggest the reflection whether any investment was calculated to yield a better pecuniary return than the expenditure involved in the operations of the Public Health Department, which had for their main object the prevention of epidemics.

* * *

LOCAL TREATMENT.—In no department of medicine have methods changed so radically as in gynecology. Dr. J. F. Baldwin has instituted, in the *Columbus Medical Journal*, an inquiry into the value of local treatment and he formed the following conclusions:

1. Local treatment of the endometrium possesses certain inherent dangers.

2. Acute or sub-acute inflammatory conditions of the uterus, if not specific or septic in character, may be treated, sometimes, with advantage by local stimulating applications; although, if good drainage is secured, the hot water douche and glycerine tampons, combined with hygienic measures, will probably bring about as good results with less annoyance, and with less expense.

3. For chronic conditions, these being usually dependent upon either specific or septic infection, local applications will accomplish little or nothing, and may do great harm, either by exciting acute inflammatory complications or by causing the postponement of more radical measures.

4. In cases of adhesions from post-partum inflammatory exudates, properly applied vaginal packing, with some elastic material, such as absorbent wool, will afford more prompt and satisfactory results than will local applications to the vaginal vault and endometrium.

* * *

IMPLANTATION OF WOUNDED URETER IN THE BLADDER.—Pozzi (*American Medico-Surgical Bulletin*) accidentally divided the left ureter near its vesical end during the removal of a cyst of the broad ligament, and at once secured it by sutures in a small incision made in the bladder at a higher level. Union was obtained, and during a second laparotomy, nine months later, Pozzi was able to prove that the implanted ureter was normal, except for a slight dilatation.

* * *

ABDOMINAL SECTION BY A COW HORN.—Dr. W. Q. Skilling of Lonaconing, Maryland, reports in the *American Journal of Obstetrics* a case of abdominal section by a cow horn. The cow had poked the woman in the abdomen just above the symphysis, a little to the right of the median line, taking an oblique curve to the right and making a rent about six inches long. The intestines protruded through the peritoneum. Little blood was lost. The parts were cleansed with hot water, the intestines replaced, the peritoneal wound closed by a continuous silk suture and the abdominal wound by a superficial and deep interrupted suture. The wounds healed by first intention and the patient made a rapid recovery.

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Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, AUGUST 10, 1895.

The Dangers of Practice.

DR. CHARLES F. STILLMAN, in his work on Life Insurance Examinations, says that physicians stand below most other professional men as risks and adds that it is because of their irregular lives and exposure to all kinds of weather. The young man who is waiting to step into the shoes of a busy relative or neighbor and wishes to inherit a large practice may think that some physicians will never die. As a rule, however, physicians undergo many risks and some of them are rarely thought of by those outside of the profession.

One not unusual risk is the danger of personal violence from real or fancied wrongs and every now and then there appear in the daily papers startling statements of harm done to a physician by a patient or by friends of this patient.

A case is reported recently from Illinois, not far from Springfield, of a physician who was deliberately waylaid and murdered by a man whose wife had been under that physician's care and whom this enraged husband thought the physician had made insane by administering powerful medicines. Here was a case of insanity probably only temporary in character or possibly a relapse of an old attack which had occurred before husband and wife had met or it may have been a case of prolonged delirium from fever and the physician is murdered in cold blood by a man who has no reason for his actions and no proofs of the doctor's supposed crime.

Another case recorded in the papers more recently happened in Brooklyn. A physician was called suddenly to a house which appeared to be vacant. He was told that the case was upstairs. He groped his way to the top floor and there he was seized upon by several men, bound, robbed and gagged and after his assailants had escaped he managed to free himself and give an alarm.

Few physicians hesitate to go into any house where they think that duty calls them and there is no punishment too severe for the man who would abuse a physician's devotion to duty and his work by decoying him to some lonely place and there by force and numbers overpower and perhaps murder him.

These are some of the risks for which the life insurance companies do not provide and if the physician is a bad risk on account of exposure to weather and irregular life he must be a much worse risk where more serious dangers threaten.

A physician's life is full of anxiety and trouble when he has many cases and is conscientious in his work, and in all instances where there may seem to be danger imminent, as in the first and second cases mentioned, he should not hesitate to prepare himself for these dangers and not rush blindly into any rat hole for a few dollars.

The public rarely appreciates the devotion and heroism of a physician until disease and trouble come and then the doctor is an angel until his bill is presented.

* * *

The Consultant.

THE young man, the timid man and the man perplexed needs a consultant and whether this consulting physician is asked for by the physician or by the family he comes, gives his advice and leaves and in many cases there is little satisfaction to the patient, to the attending physician, while the

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family is told in every case that their doctor is doing all that can be done. This is the sphinx-like remark whether the attendant is a fool or actually on the right track. For if the consultant offends the attendant, who is a good friend, that ends all his consultations in the future with this particular man.

The consultant's position is no sinecure for he will either offend the attendant or the family and in many cases the family will wish to dismiss the regular attendant and have the consultant take charge and they cannot understand why this plan is not feasible and then they rail against medical etiquette. As a matter of fact it does seem hard that the family cannot have just what physician they wish and that they are obliged to stick to one physician when they think another is better.

Medical etiquette is a sealed book to the laity and yet when a judge, in endeavoring to settle a dispute on ethics between two physicians said that he could not make much out of medical etiquette but if the two physicians would go home and behave like gentlemen he thought that the trouble would be cleared up, he probably understood the matter. If a man is a gentleman in the correct meaning of the word and acts to others as he would have them act towards him he will need no medical etiquette.

That consultants have tricks and use them is certain. Indeed the time may come when a school of consultation is established and men will be taught how to conduct a consultation. The editor of the *Journal of Practical Medicine* tells the following story of a successful counselor which should be studied by all would-be consultants:

"An acquaintance of ours enjoys a fine reputation as a counselor. He always has something to suggest which has not been tried, and always knows just what to do. Being favored with a call from him recently, we ventured to ask him why he thought he had this reputation, and to what did he attribute his success as a consulting physician. His reply was a surprise, and was to the effect that he thought it was due almost entirely to one thing; and believing this, he certainly cultivated it more and more. This was: Keep well posted on all the new drugs, as fast as they appear. When called in consultation, you can mention one or two with quite a certainty that they had not been tried. This has novelty to recommend it at least."

The Needs of Baltimore.

A PROMINENT daily paper of Baltimore takes the pains to point out three things that Baltimore needs. If time and space would allow not only three, but perhaps three hundred things could be mentioned that Baltimore and other cities also need, and need very badly. This paper, however, alive to the health and sanitary needs of this city, says the following:

"There are three things that Baltimore, with every other American city, badly needs. They directly concern the health, well-being and prosperity of all the people.

First, and probably foremost, is a sewage system that will abolish the ninety thousand wells that every year become more dangerous to the community. It will cost money, but Baltimore has reached a time and a size when it is abolutely necessary to face the situation and prepare for the future. Paris is spending thirteen millions of dollars to get rid of wells somewhat similar to those in Baltimore. Every year Baltimore postpones the matter increases the expense enormously.

"Of almost equal importance is a better and more expeditious system of garbage collection. At present this is not as promptly done as it should be and the results are both odorous and unhealthy. Colonel Waring says the offscourings of a city should be divided into four classes: Paper and other rubbish, street sweepings, garbage, ashes. If this can be done, he holds that the problem is practically solved. But it will not be solved until the removals are prompt and thorough.

"The streets must be kept cleaner. Baltimore must not depend too much on friendly rains. There must be more and better cleaning, even if more money has to be spent. The best economy in the world is money spent for cleanliness."

It takes money to make the streets of a city clean and to keep them in that condition and Baltimore by its hilly streets and natural drainage methods can have its streets cleaner at a comparatively less cost than most other cities. As a matter of economy it is cheaper to keep a city clean and lessen the amount of illness, and if no higher motives can appeal to a city corporation this fact of economy ought to have some weight. Baltimore still remains unsewered and clings to the old privy wells and these underground defects cannot be remedied too soon.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 3, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		8
Phthisis Pulmonalis		15
Measles	27	4
Whooping Cough	2	
Pseudo-membranous Croup and Diphtheria.	8	5
Mumps		
Scarlet fever	12	
Varioloid		
Varicella		
Typhoid fever	9	7

The heir to the throne of Russia has phthisis.

Medical students annually spend about $750,000 in Edinburgh.

An International Congress of Surgeons, to convene every five years, is proposed.

Tuberculosis, cancer and rheumatism are the three most common diseases in California.

Dr. W. P. Munn of Denver, Colorado, has been appointed Health Commissioner of that city.

The American Academy of Railway Surgeons will meet in Chicago on September 25, 26 and 27.

New York City has a hospital for the colored race, and it will be managed mainly by colored persons.

Among educated Germans no less than sixty-seven per cent., so the statistics say, have imperfect or defective eyesight.

Inspectors of the New Jersey Dairy Commission report an alarming spread of anthrax among cattle, horses and mules in this State.

Professor Gurlt of Berlin has found that in 31,803 cases of chloroform narcosis, 23 deaths occurred, and in 15,712 cases of ether narcosis, 5 deaths.

The Governor of New Mexico has approved the bill providing for the regulation of the practice of medicine and the establishment of a Territorial Board of Health.

Watertown, New York, has been visited by an epidemic of typhoid fever. The water supply is pumped from a river at a point just below where two cemeteries drain into it.

Mr. Christopher Heath has been re-elected President of the Royal College of Surgeons, England. Mr. Reginald Harrison and Mr. Pickering Pick have also been appointed Vice-Presidents.

At an annual meeting of the State Board of Health of Pennsylvania, held July 11, at Marietta, Pa., Dr. S. T. Davis of Lancaster, who for three years has been the President of the Board, was succeeded by Dr. Pemberton Dudley of Philadelphia.

A French gentleman, M. Guzman, has left 50,000 francs ($10,000) to the Assistance Publique, the Paris Municipal Charity Department, to defray the cost of musical entertainments to be given to the sick poor in the hospitals and asylums under its control.

The Astley Cooper Prize of £300 ($1500) will be awarded to the author of the best essay on diseases of the joints produced by syphilis and gonorrhea. Essays, in English or accompanied by an English translation, should be sent to Guy's Hospital, London, before January 1, 1898, accompanied by the usual motto and sealed envelope. For further particulars, address Dr. Hale White, 65 Harley Street, London, W.

The death is announced in New York City of Dr. William C. Jarvis. Dr. Jarvis was graduated from the University of Maryland in 1877 and after practicing a short time in Baltimore went to New York, where his peculiar talents soon placed him in the first ranks as a laryngologist. He possessed a wonderful mechanical genius which brought to light the well known Jarvis snare and other instruments. Dr. Jarvis was a man of great promise and his loss will be greatly felt.

Three women doctors have been appointed in the summer corps of medical inspectors by the New York City Board of Health. All of them are spinsters: Miss Mitchell, M. D., Miss Deane, M. D., and Miss Weiss, M. D. The other doctors of the body offered no objection to the selection of these three inspectors, all of whom are said to be fully qualified to perform the duties of their office. Their salary is $100 a month, and the *Sun* has no doubt they will earn it by faithful service.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending August 5, 1895.

The leave of absence for seven days granted Major C. K. Winne, Surgeon United States Army, is hereby extended twenty-three days.

Captain W. Fitzhugh Carter, Assistant Surgeon United States Army, granted leave of absence for one month.

UNITED STATES MARINE SERVICE.

Fifteen days ending July 31, 1895.

W. H. H. Hutton, Surgeon, to proceed from Washington, D. C., to Pensacola, Fla., on special duty July 18, 1895.

J. B. Hamilton, Surgeon, granted leave of absence for three days, July 30, 1895.

W. A. Wheeler, Surgeon, detailed Chairman Board for physical examination of candidate Revenue Cutter Service, July 23, 1895.

D. A. Carmichael, Passed Assistant Surgeon, detailed to make physical examination of candidate Revenue Cutter Service, July 26, 1895.

L. L. Williams, Passed Assistant Surgeon, granted leave of absence for ten days, July 20, 1895.

G. M. Magruder, Passed Assistant Surgeon, to proceed from Galveston, Texas, to New Orleans, La., for temporary duty July 27, 1895, order to proceed to New Orleans suspended and directed to proceed to Eagle Pass, Texas, for special duty July 31, 1895.

J. C. Perry, Passed Assistant Surgeon, granted leave of absence for twenty days, July 16, 1895.

E. H. Sprague, Assistant Surgeon, to proceed from Mobile, Alabama, to Key West, Florida, for temporary duty, upon completion of which to rejoin station at Mobile, July 18, 1895.

A. R. Thomas, Assistant Surgeon, to proceed from Buffalo, New York, to New Orleans, Louisiana, for temporary duty, July 20, 1895.

H. S. Cummings, Assistant Surgeon, detailed as Recorder, Board for physical examination of candidates, Revenue Cutter Service, July 23, 1895.

J. B. Greene, Assistant Surgeon, to report at Bureau for temporary duty, July 16, 1895.

BOOK REVIEWS.

THE ART OF MASSAGE; Its Physiological Effects and Therapeutic Applications. By J. H. Kellogg, M. D., Member of the British Gynecological Society, etc. Modern Medicine Publishing Company, Battle Creek, Michigan. Price $3.00. Pp. 282.

Dr. Kellogg, who has gained a long and carefully applied experience as superintendent of Battle Creek Sanitarium, gives in this comprehensive book the results of his work in this institution. The art of massage in various diseases and conditions is here explained and plates and anatomical data are supplied for the use of readers of this practical work. After a brief sketch of the history of massage, and an outline of the parts especially concerned in massage, the author gives in twenty pages an exceedingly lucid statement of the physiological effects of massage, in which the subject is brought up to the latest date. Many manipulations are described and examples are given directing the nurse or attendant. Massage is an important and little used remedial agent, which just such books as this one will help to bring into prominence. It is not a cure-all as many enthusiasts would have us believe, but it is a means within the reach of all intelligent nurses and attendants who will give the subject the attention it deserves.

The illustrations are numerous and in most cases are of use. On the whole this subject is one that can be best taught by practice and any book, even one as good as this, can only be used as an aid to practical work. An interesting chapter is that on the rest cure. An appendix contains a long list of cases. Technical terms have been avoided and as far as possible the directions are specific, even if in some places they are rather short. The book is well bound and clearly printed.

REPRINTS, ETC., RECEIVED.

Albany Medical College, 1895-1896.

College of Physicians and Surgeons of Baltimore, 1895-1896.

Georgetown School of Medicine, Washington, D. C., 1895-1896.

The Richard Gundry Home (Harlem Lodge), Catonsville, Baltimore County, Maryland.

The History of Medicine and Surgery in Georgia. By Luther B. Grandy, M. D., Atlanta. Reprint from the *Atlanta Medical and Surgical Journal.*

A Curious Anomaly of the Female Genitalia with Striking Resemblance to some of the External Male Elements Converted by Plastic Surgery into a Woman of Normal Appearance. By W. A. H. Coop, M. D. Laurenceburg, Tennessee. Reprint from the *American Gynecological and Obstetrical Journal.*

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CURRENT EDITORIAL COMMENT.

OPHTHALMIA NEONATORUM.

Archives of Pediatrics.

PURULENT conjunctivitis of the newborn, although capable of inflicting one of the most terrible disasters which can befall a child, is practically a preventable disease. Prevention is not difficult. In few diseases is there greater unanimity of opinion as to the measures to be employed. There is little excuse for its occurrence on the ground that treatment is uncertain or difficult. Precautionary measures should be taken with every infant.

A NEGLECTED DUTY.

American Medico-Surgical Bulletin.

"MEDICAL fraternity" is an expression widely employed even by physicians themselves. Possibly they have caught the term from the lay public, a body easily satisfied with things which do not directly concern it. Just how widely a brotherly sentiment is disseminated among practitioners of medicine is a matter of some uncertainty. There is a professional etiquette, more or less strictly observed, which is not so much an evidence of goodwill as it is that of an armed neutrality. In the active rivalry which exists today, when new men are continually entering the field, and when the lack of money is becoming, more and more, an obstacle to success, it is neither surprising nor unnatural that the struggle is one of great activity, where every one looks out for himself.

UNNECESSARY NOISES.

Medical Record.

IT is unnecessary to allude to the widespread evil effects of noise upon the public health. If the accumulated agony of irritability could find a common voice it would dangerously jar the equilibrium of the public peace. The only mercy is that it has so many different vents through the thousand channels of individual protests that a general explosion of wrath is thereby averted. Appeals are often made to the Health Board for the suppression of such noises as may be construed as prejudicial to health. Practically all unnecessary noises are such, although the police catalogue places many under the designation of disorderly ones. The difficulties in the way of deciding which is which are not few. The Health Department, with all its power, cannot seemingly make a politic distinction.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

The safest mode of remittance is by bank check or postal money order, drawn to the order of the *Maryland Medical Journal*; or by Registered letter. The receipt of all money is immediately acknowledged.

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Physicians when communicating with advertisers concerning their articles will confer a favor by mentioning this Journal.

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209 Park Avenue, Baltimore, Md.

NOTES.

FOR simple fever, give a cathartic and demand rest in bed. This is all that is necessary.

*

STRYCHNINE is now used for all forms of uterine hemorrhage, and many reports are very favorable.

*

EQUAL parts of glycerine and castor oil, to which is added a little oil of cinnamon, make a pleasant purgative for children.

*

NITROGLYCERINE, three drops a day of a 1 per cent. solution, is a powerful anti-neuralgic, especially in persistent sciatica.

*

SULPHUR is recommended as an antiseptic wound dressing, especially in articular tuberculosis. It is extensively used in Guy's Hospital in this way.

*

STRONG lemonade, or the juice of lemon, is recommended for whooping-cough. It exerts a very favorable influence over the disease, and is also a prophylactic.

*

IN gonorrhea, irrigation with warm water slightly alkaline is safe and good treatment. About one quart of water should be used once a day from a fountain syringe three or four feet above the patient's head, the patient standing.

*

A PHYSICIAN reports that he has not failed for many years to quickly check every case of vomiting of pregnancy, neuralgic toothache and pruritus pudendi of the pregnant state, simply by a single vesication over the fourth and fifth dorsal vertebrae.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 18. BALTIMORE, AUGUST 17, 1895. WHOLE NO. 751

ORIGINAL ARTICLES.

ANTE-PARTUM HOUR-GLASS CONTRACTION.

A REPORT OF A CASE, WITH SOME INCIDENTAL CONSIDERATIONS CONCERNING THE ABUSE OF ERGOT IN PARTURITION.

READ BEFORE THE ALLEGANY COUNTY ASSOCIATION OF PHYSICIANS AND SURGEONS, JULY 11, 1895, AND PUBLISHED BY THE ASSOCIATION.

By B. M. Cromwell, M. D.,
Eckhart Mines, Md.

ON January 4, 1893, I was called at eight o'clock in the morning to see Mrs. C., who I found was in the first stage of labor. An examination showed that the vertex presented to the left, and that the os was soft and yielding, and was dilated about the size of a nickle five cent piece. The pains were the slow grinding pains of the first stage, and were slight; she had felt them all during the night. She called my attention to the unusual size of the abdomen, —which indeed I had noticed myself— and suggested she was going to give birth to twins. This caused me to make a very careful external examination by which I assured myself that it was a single pregnancy, and I reassured her on that point. The head was plainly felt above the pubic arch, and following the contour of the spine, the nates could be felt in the right hyprochondriac region. I concluded her unusual size was due either to a very large child or to an excessive quantity of water. It proved to be due chiefly to the latter cause, although the child was above the average size.

After explaining to her that all was right and that her labor would terminate when her pains became active and expulsive, I left her, to return again at 10 A. M. and again at 12 M., at which time there was no change in the situation except that the os was perfectly patulous, soft and yielding, and the vagina was well lubricated with mucus. The pains however were of the same character as at my first visit, slowly recurring, slight and grinding. I left again, and returning at 2 P. M., found the condition of things practically unchanged—pains just severe enough to keep the woman in a state of anxious expectancy, but no advance of the head. I began to feel a little anxious myself; for in her four previous confinements, in all of which I attended her, her labors were not noticeably prolonged or severe, and in the one last preceding this the labor was of very short duration. But acting on the old and very wise maxim that "meddlesome midwifery was bad," I made myself comfortable and awaited results.

At 4 P. M., the condition of things being still unaltered, while the woman was growing more and more anxious and despondent, at the, to her, unusual delay, and by her prolonged suffering,

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and as the parts were in a state of thorough preparation for immediate delivery if the pains could be aroused to activity, I determined to rupture the sac and allow the escape of the water, for I believed that the uterus was partially paralyzed by over-distension. This I did, seating her over a chamber and puncturing the bag with a knitting needle. After the first gush of water I lifted the head from its position on the brim of the pelvis and allowed the free discharge of all the water, the chamber being about two-thirds full. At 5 P. M., the pains had become but little if at all intensified, and there had been a slight descent of the head, enough to engage it in the brim of the pelvis.

The woman's fears for her safety were becoming fully aroused, and I determined to administer a moderate dose of ergot, about ten drops of the fluid extract, but before doing so I introduced my hand into the vagina, and with my fingers swept freely round the presenting occiput, assuring myself in this way there was no possible obstacle to the easy exit of the child when expulsive pains should set in. In about fifteen or twenty minutes the uterus began to respond to the ergot; the pains became almost continuous and towards the close, very severe, but except an additional slight advance of the head without material effect. This advance seemed to respond to the first pains after giving the ergot, but afterwards, when the pains became really intense and almost continuous, I could discover no advance whatever.

These pains continued for about one hour and then completely gave out, there being finally scarcely a semblance of one. I then sent to my office for my forceps (Bedford's), determining to effect delivery in that way. I had no difficulty in applying them but with all the force I could use I could make no impression on the delivery of the child. The advance made during traction became lost when the effort was relaxed. I continued the effort until I became quite exhausted, and after an interval of rest of about ten minutes, and after readjusting the forceps, I made another vigorous and determined effort until I became again thoroughly exhaused. Again it happened that as soon as the traction force was suspended or relaxed the little advance made was lost, the head would recede to its original position.

I then told the husband of the woman that I felt myself physically unable to effect the delivery, and that he must bring to my assistance another physician. In about a half hour Dr. McGann arrived and seemed surprised, after a careful examination, that there should be any difficulty about effecting delivery. So the woman was again given chloroform, the forceps carefully reapplied and handed to him for trial. Dr. McGann was too polite to say so, but I saw that he thought he was going to have a soft snap of it. He exerted all his strength until he in his turn became exhausted; when I relieved him and tried it again. But it was of no use; I was no more successful in this than in any of the previous efforts, and as a last resort I handed the forceps, after seeing that they were properly adjusted, to the woman's husband, a powerful miner, who was standing by me, and instructing him how, told him to exert all his strength. The force he put forth was that of a fresh and powerful young man, and I saw at once that the obstruction, whatever it was, was overcome, and taking the forceps from him completed the delivery without difficulty.

The child, which was large but not excessively so, was removed, and introducing my hand, I removed the placenta by Credé's method, thus terminating the labor as quickly as possible; for I was anxions for the condition of the mother after so much pulling and hauling. On introducing my hand into the uterus I met with an hour-glass contraction, a portion of the placenta being in the lower, but the bulk of it was in the upper chamber. My hand passed through the constriction with some difficulty, and in a few minutes the delivery was effected.

The above is almost a literal transcript of the notes of the case taken at the time of its occurrence. I say this

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to show that after the lapse of over two years I have not trusted to my memory for the facts and incidents that make up the history of this interesting case.

The woman was thoroughly exhausted by the severe ordeal through which she passed, and excited my anxiety for the result, but her recovery was uninterrupted and complete and without any serious after-consequences.

The child was with some difficulty resuscitated. At first I was sure its neck had been broken or dislocated by the severe and prolonged traction it underwent. If left unsupported the head fell in any direction exactly as in an adult whose neck has been broken. He is now, however, a well grown boy.

This case was a puzzle to me for many days. I could not imagine what the difficulty was or where the obstruction came in. I knew there was no impediment in front of the child, and I failed entirely to appreciate the significance of the hour-glass contraction I encountered when I delivered the placenta. But I had done one thing I do not remember ever to have done before, and which was opposed to a cardinal maxim with me in my obstetrical practice; I had given a dose of ergot for the sole purpose of arousing a sluggish uterus and so to terminate a tedious and exasperating labor; and I could not divest myself of the belief that the ergot was directly or indirectly the cause of the trouble. The case weighed on my mind the more, because I had a dim consciousness all the time that I had seen some report of a case similar to it, but where I saw it or when I could not recall, until I suddenly remembered (unconscious cerebration!) reading a most instructive article in the MARYLAND MEDICAL JOURNAL by Dr. G. W. Miltenberger, giving an account of a case in which he was called in consultation with Dr. H. M. Wilson. The article was called "Tetanoid Falciform Contraction of the Uterus, or Ante-partum Hour-glass Contraction of the Uterus," and is to be found in the Journal for January 12, 1889. The article is so interesting in its details and so instructive in every way, that it would be well worth incorporating in full did time and space permit. I must content myself by giving as brief a synopsis of it as possible.

Dr. Miltenberger was called to meet and assist Dr. Wilson in an obstetrical case, a primipara of 27 or 28 years of age. The membranes had ruptured five days before, and when the woman was taken in labor everything proceeded regularly but so slowly that Dr. Wilson determined, after satisfying himself that the os was well dilated and yielding, to apply the forceps and terminate a slow and exhausting, but not otherwise abnormal labor. He applied first a Simpson's forceps and finding that ineffectual he applied a Tarnier. With this he could bring the head down to the vulva but on relaxing his effort the head immediately receded to its former position. Being, like myself, unable to understand what the difficulty was inasmuch as it was positively not in front of the presenting head, he sent for Dr. Miltenberger who, on arriving, found the woman in articulo mortis. After her death, which occurred in a few moments, he, Dr. Miltenberger, was requested to deliver the child, which he proceeded to do by turning, having satisfied himself, by Dr. Wilson's failure, that it could not be accomplished by the use of the forceps. The following is his account of the operation:

"The os was perfectly soft and dilatable, not offering the slightest resistance, head movable, cervix soft and relaxed, not thinned nor distended, no strain upon the structure whatever. With the external hand I found nearly up to the umbilicus of the mother a deep furrow upon the external surface of the uterus corresponding to the so-called ring of Bandl, the contraction ring of Schroeder, the retraction of Lusk, the organ above this line being firmly contracted and retracted. The internal hand, readily passing the head, met with a ring or constriction corresponding to the external furrow, entirely too high for the internal os uteri, surrounding most closely and tenaciously the neck of the child, the head below in the soft, relaxed and not distended or stretched lower seg-

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ment, the trunk in the contracted and retracted portion above.

"This band or constriction was as firm and resistant as a rope of steel. I could with the most determined effort force the points of one or two of the fingers between this and the neck, but for a time no farther. I certainly never had felt anything like it before, but recognized the condition called by that eminent authority, R. P. Harris, Philadelphia, 'Tetanoid falciform contraction of the uterus,' and by Dr. Hosmer and Dr. Thomas C. Smith of Washington, D. C., 'Ante-partum hour-glass contraction of the uterus,' in the latter's valuable résumé of these cases in the *American Journal of Obstetrics*, volume XV, November, 1882.

"I, for a time, feared I would be foiled, but after a most determined effort, I finally succeeded in passing it and ultimately reaching the foot. Still the resistance did not entirely yield, and it was only after further powerful and persistent efforts that the constriction yielded and I was enabled to turn and extract. I am convinced that I could not, without injury, have succeeded during life."

Such is Dr. Miltenberger's account of this "rope of steel," a condition which he "had never felt anything like it before." As his experience extends over a period of nearly fifty years, surely this falciform constriction must be extremely rare. In none of the systematic treatises on midwifery I have had access to is there the remotest allusion to the possibility of an ante-partum hour-glass contraction. Always, in treating of this condition of the uterus, it is with reference to retention of the placenta by this means. The first and only information I have received on the subject is from the article above referred to, supplemented by my own experience in the case under consideration. Although I had read Dr. Miltenberger's article attentively more than once, I failed to recall it at the time when its information would have been most welcome. Probably, however, it was fortunate after all that I did forget it; for with it fresh in my mind, affording as it does a clear idea as to the pathological condition I was called to deal with; with his advice also about Cesarean section being the only proper proceeding in such cases, I very much doubt if I would have ventured to call to my aid the strong arms and powerful grasp of the woman's miner husband, and events might not have turned out as well for the mother and child.

With regard to this "rope of steel," "ring of Bandl," "tetanoid falciform contraction," "ante-partum hour-glass contraction," there seems to be as much diversity of opinion as to its location as there is to its cause. It is claimed by some to be a constriction at the internal os, while others contend that it is a tetanoid contraction of a band of the orbicular muscular structure higher up. My own experience in the few cases of hour-glass contraction that have come to me lead me to adopt the latter view. It does not seem probable that such powerful and long-continued contraction could be maintained except when the muscle is better developed than at the internal os.

The difficulty of making even an approximate diagnosis in this very rare accident is and must ever be very great, for there is no condition that would indicate its existence before a determined effort at extraction was made. Dr. Miltenberger speaks of the "precious results of systematic external exploration by palpation" in determining beforehand the existence of such a condition; but in the case now being considered this was exactly what was done when the woman called my attention to her size, saying she feared she was going to have twins. Just such an "exploration by palpation" was made in tracing the contour of the child in utero, and surely, if there had existed any sulcus at or below the woman's umbilicus in the abdominal parietes, indicating such a constriction in the body of the uterus, I could not have failed to observe the fact, although I might have failed to appreciate its significance. Certainly, I observed nothing of the kind.

This brings up for consideration another part of the subject. May not this

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ante-partum hour-glass contraction have been produced *after* I gave the ergot and *by* the ergot ?

It has long been a conviction with me from watching the action of the uterus after the administration of ergot that it acted more powerfully on the circular and oblique fibers of the muscular structure of the uterus than upon the longitudinal, and that when the fetus filled the cavity of the organ the contraction caused by ergot had a greater tendency to crush the child than to expel it. Hence it is with the utmost reluctance that I ever give a parturient woman ergot until the child is born, or, if I greatly fear hemorrhage, when the occiput presents at the vulva. I gave ergot in this case with the distinct feeling that its administration was injudicious ; but the woman was becoming so despondent and anxious at the prolonged, and to her unusual, effort at parturition, and as I could discover, after a most minute examination, no possible obstacle to the ready delivery of the child when the pains should sufficiently increase in force, I acted contrary to my better judgment and gave it. I should have applied the forceps and terminated the labor in that way. Even podalic version would have been preferable, as difficult as that operation sometimes is. I cannot say certainly that the hour-glass contraction did not exist before I gave the ergot, or that this drug caused it ; but I believe it did, so much so, that never again could I be induced to give ergot in a normal labor.

Helie (Playfair's System of Midwifery, p. 53, Ed. 1880), who seems to have studied the anatomy of the gravid uterus closely, has pointed out that its muscular structure, speaking roughly, is divided into three layers ; an external, a middle, chiefly longitudinal, and an internal or circular. The external layer arises posteriorly at the junction of the body and the cervix, spreading upwards and over the fundus. The middle layer is composed of strong fasciculi which run upwards but decussate and unite with each other so that those which are at first superficial become most deeply seated, and vice versa. The internal layer is mainly composed of circular rings of muscular fibers beginning around the openings of the Fallopian tubes and forming wider and wider circles which touch and interlace with each other. They surround the internal os, to which they form a kind of sphincter.

Now it seems evident that the expulsive action of the uterus, the force that tends towards extruding the fetus, is derived from the first two layers of muscle ; the third or circular layer is probably co-ordinating in its action, and gives strength and support to the organ as a whole while it is in action. Hence, if from any cause, the action of ergot or other, the action of the two first layers is suspended or much weakened, while the action of the circular or internal layer is stimulated to greater activity, we would have the very condition that I am sure I have noticed when the uterus is under the influence of ergot ; powerful and almost continuous contraction attended with but little or no advance in expelling the child.

Again, Verrier says, in speaking of the irregular contractions of the uterus in hour-glass contractions, "in hour-glass contraction ergot is contra-indicated ; and not without reason have several authors attributed to its administration the production of such spasmodic contractions." Now if its administration is recognized as the probable cause, in many cases, of *post*-partum hour-glass contraction, it requires but a feeble effort of the imagination to suppose that it may also produce *ante*-partum similar results and such I have no doubt will be the verdict of the profession after the effects of the drug in the uterus have been more closely watched and attentively studied. Ergot is a powerful remedial agent, but like all agents of pronounced beneficence, it is also powerful for evil, and to use it empirically is to wield a Hercules club, doing good or injury by accident.

FOR habitual constipation, an exchange says that one drop of normal liquid nux vomica, in half a glass of water every night, will prove effectual.

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ATRESIA OF CERVIX UTERI IN PREGNANT WOMEN.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., APRIL 16, 1895.

By W. J. Dillenback, M. D.,
Washington, D. C.

IN presenting a case of this kind, it occurred to me that it would be interesting to know how frequently this condition occurs. After making a careful search of all the literature available on the subject, I find only fourteen cases on record, the first of which was reported by Dr. Edward T. Roe of Glasgow, Scotland, in 1836. Since that time I find thirteen others. Five of these have been reported by American physicians; four by Europeans; and five from St. Stephen's Hospital, Delhi, India.

The causes of this complication are any ulcerative inflammation of the upper portion of the vagina and cervix uteri such as would be produced by syphilis, scarlet fever, diphtheria, etc. One case, however, has been reported which seems to have been congenital. The woman had been under the observation of several physicians for a long period and no opening of the uterus was ever discovered, nor did any menstrual fluid ever escape. As the uterus began to enlarge, it was supposed to be a case of retention of the menses, but as the fetus developed, it was diagnosed to be a pregnancy; and the woman was subsequently delivered of a full term child. There can be no doubt, though, that there must have been some minute opening sufficiently large for the entry of spermatozoa.

The most frequent cause given in the cases reported is the use of forceps in previous labor. This statement I do not think is fully sustained, as in order to have complete occlusion of the cervix, the exciting cause must occur after the ovum has been impregnated; and it is fair to suppose that all effects of the previous use of forceps have subsided. A more likely cause in my mind would be the treatment by caustics or the actual cautery, of ulcerations produced by the use of forceps or other agents employed in delivery. In this statement I am supported by the fact that nine of the fourteen cases reported occurred in multiparae and but five in primiparae.

The most popular treatment of these cases to facilitate delivery seems to have been incision and the use of forceps. Of the cases reported, eleven were delivered in this manner, one by incision alone, one by Cesarean section, and one (Dr. Lusk's case) by rupture of the uterus, which occurred while he was making preparations for an abdominal section, the woman having been in labor several days. This accident resulted in the death of both mother and child, and was the only fatal case so far as the mothers are concerned. The other thirteen did well. But while the mortality in the mothers seems to be small it is somewhat higher in the children, as four out of the fifteen cases, including my own, were still-born. However, I believe that in all cases in which the condition is recognized early and the woman speedily delivered, the life of the child will be saved. It is almost superfluous to add that in the foregoing cases, incision and forceps have given very satisfactory results and seem to be the proper method of delivery in the majority of cases.

The following is an account of a case that came under my own observation.

Mrs. E., white, aged 40, had been married eighteen years, was eight months gone with first pregnancy. I was called to see this patient July 16, 1893, and obtained the following history. About three days previous to my visit she had been seized with pain in the abdomen and had called in a physician, who upon examination pronounced it a case of threatened miscarriage. After prescribing something which I judged to be an anodyne, he left and did not

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call again. Upon examination per vaginam, I found the patient suffering with a membranous inflammation extending over the whole surface of the vagina and partially over the labia minora. I diagnosed the case as one of diphtheria and treated it accordingly; but whether it was a case of diphtheria or not I am unable to say, as I did not have a microscopical examination made. During the next few days the patient passed several complete casts of the vagina, and in about ten days from the beginning of the attack she made a good recovery; the membrane had disappeared and the ulceration healed.

About one month after this I was again called, as it was thought the patient was about to be confined. When arriving at the house I found the patient's pains had entirely subsided. She told me that she had had intermittent pains for two hours of the day, but they had passed off and she had gotten up and gone about her household duties. I instructed her to send for me at once should the pains return.

After the lapse of a month I was again called, but being unable to respond, my friend Dr. Van Rensselaer did so for me. He found the patient suffering severe labor pains at intervals of three to five minutes. Upon examination per vaginam, Dr. Van Rensselaer was unable to discover the os, and believing it to be a case of occlusion of the cervix, called Dr. Cuthbert in consultation, who agreed with him in his diagnosis. In the morning I joined Drs. Cuthbert and Van Rensselaer and made an inspection of the parts through a Sims's speculum. There appeared in the region of the os nothing but a smooth, glistening surface and as far as the eye and finger could detect, there was not a vestige of the original opening.

Dr. I. S. Stone was called in consultation and it was decided to make an antero-posterior incision about one and a half inches in length and allow the head to dilate as the pains were still violent. The patient was anesthetized, the incision made and the head allowed to make pressure. At the end of an hour there was sufficient dilatation to allow the application of forceps to the head. The delivery was accomplished without event, except a slight laceration of the perineum. The child was still-born and had probably been dead for days, as it was in a state of maceration. The mother made a good recovery and, the perineum having united, the stitches were removed on the ninth day.

An examination made one month after delivery revealed simply an antero-posterior laceration of the cervix uteri.

I do not think my treatment of the case above criticism. If I had made the diagnosis of occlusion of the cervix at my second visit, when labor first began, I think the life of the child might have been saved.

NEW FOOD FOR CONSUMPTIVES.—Dr. Brewer of Chicago has a new idea concerning food for consumptives. In addition to inhalation of the fumes of vinegar he feeds them on peanuts, gives them all they can eat without dangering their digestive organs. Two young ladies who had been the rounds of cod liver oil and tonics without material benefit were put on his treatment and recovered. Concerning the diet he says: "I now commenced feeding (do not laugh) peanuts. One would think this a very indigestible diet, but they craved them, and it has always been my policy to find out what my patients desire to eat, and unless it is too unreasonable I humor them. Both young ladies have become quite plump, and after a year's inhalation have ceased coughing, and I pronounced them well. The peanut was long known as an excellent fat producer, and much more agreeable than rancid stark oil that oftentimes is sold for cod liver oil. While not all can digest peanuts, a great many, even with feeble digestion, eat them without discomfort. It beats the Koch lymph and is the most satisfactory treatment I have ever tried for these diseases."

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SOME CASES OF CHRONIC NERVOUS DISEASES CURED BY RELIEVING EYE STRAIN.

READ BEFORE THE PENNSYLVANIA STATE MEDICAL SOCIETY, MAY, 1895.

By Jean Gaylor Brown, A. B., M. D.

THE long list of chronic incurables has always appealed most strongly to my sympathy; the acutely ill get well or soon go to "the land of the living." Alas for the paralytic, the insane, the consumptive and the diabetic; how long and weary is the road for many of these before this relief comes. I watched a case of the last named in one of my own household. That was the hardest work I ever faced, to watch day and night the unappeased hunger, unquenchable thirst, broken, restless sleep, changed disposition, anxiety and deep depression, nervous symptoms, emaciation, exhaustion, death. To see him look at me so wistfully as though I held the keys of life and death in my hands; and realize in agony of spirit that, though I had sought every avenue for something to give relief, temporary amelioration was all I was able to gain. A few months later I heard of a physician who had cured many cases of diabetes; I at once entered into communication with him. His methods seemed strange to me; I had never liked eye-work, and knew comparatively little of the results gained by properly fitted lenses, still less did I know of, or believe in the marvelous results to be gained in the cure of seemingly incurable diseases by relieving eye strain, but fortunately, believing it to be the part of wisdom not to sneer at or condemn what I did not understand, I found that the receiving of a new truth has added a new sense.

"It is common and natural to cling to a belief in things and methods that have long been established, in which leading men and authors concur, and if the results of such following are universally perfect, more cannot be desired; but when they fall far short of satisfaction, we are warranted and even impelled to search outside the established authority for the aid that it fails to give; otherwise science and art would never advance." I decided to learn his methods and was compelled to believe that for me at least was found something new under the sun, powerful for relief in many intractable cases.

It is to bring before you the results in a few cases I have treated in the past year that I come before you today. As the time is limited, I will not give detailed treatment, but symptoms and results.

Dr. Prentice says in his new book: "Viewing all disease as localized nervous derangement, we have erratic, abnormal actions in certain functions of the body, and we give them names. For instance, if a patient has excessive thirst and the kidneys are secreting a great amount of water, the liver has taken upon itself, through erratic action, to manufacture larger amounts of sugar than are to be met with in a state of health; we name these functional derangements diabetes mellitus. A large train of other symptoms which vary greatly in different cases will be noted in various forms of this disease, from the fact that the irritation in the central nervous system is so varied in its character that it sends out corresponding impulses, which perform erratic work in various parts of the body. Whatever the nature of the erratic function that falls to the liver, spleen or kidneys, it is entirely due to the character of its nerve impulses. In diabetes, it is safe to say, there is no function in the whole animal economy that may not be coincidently more or less deranged or erratic; but whatever the nature and train of symptoms, the name of "diabetes mellitus" will prevail, provided an excessive quantity of urine containing sugar is secreted, and

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accompanied with the usual diabetic thirst."

When an irritation in the nerve centers arises from injury it is called traumatic. When it arises from other causes than injury it is called idiopathic. It makes no difference whether the nerve centers receive their disturbing cause through the one source or the other, they are still irritated or disturbed nerve centers; and in either event the position we have taken is in no way altered, that disease is always localized, abnormal innervation.

CASE I.—A. B., 40 years old, was sent to me one year ago. He had had all the symptoms of diabetes for over two years and though by diet and medicines the condition had been so changed that sugar was no longer found in the urine, he was still suffering with all the other symptoms, especially great prostration, unable to attend to his business, which involved considerable traveling. I found an insufficiency of the left internus, and hyperopia. With a single tenotomy, and glasses to be worn constantly, he began at once to improve; from the day of the operation all the weakness disappeared and his health was promptly re-established. I saw him four months later; he was in active business, had gained eleven pounds and said he was in perfect health.

CASE II.—C. D., 62 years old, had been failing in health for several years; much thirst, polyuria, intense local pruritus, insomnia, weakness, acetone in breath. She had been under the care of her local physician, but had never spoken to him of anything but a general languor and weakness. An examination of the urine showed a specific gravity of 1042, six per cent. sugar, found no trouble with ocular muscles, but great ciliary strain. She was wearing a pair of very ill-fitting spectacles for near work. I treated her for three weeks with strychnia, codein, etc., with local applications for the intense itching, with very little change for the better, then I suggested that we try what might result from well-fitted spectacles. She began to wear them constantly for distance, as well as stronger ones for near vision. I told her to report in a week. I heard nothing for three weeks, then a letter explaining that she was feeling so well she had not felt it necessary to return. A month later, when I saw her, her specific gravity was 1030; she assured me all uncomfortable symptoms had disappeared and she had gained six pounds. Four months later I saw her; she still told the same story, and felt better than she had for fifteen years.

CASE III.—E. F., 48 years old, always hungry, had to eat during the night, unquenchable thirst, bleeding from gums with horrible taste in mouth, indigestion, great weakness, frequent sinking spells and a "terrible sense of pressure and distress" in region of the kidneys extending down through abdomen to pelvis, a dazed, uncomfortable feeling in the head, intense local pruritus which often kept her awake, harsh, dry skin. She was passing an average of 120 ounces of urine daily. Specific gravity 1046, six per cent. sugar. She had been taking medicines and had had a strict anti-diabetic diet for two years; we stopped all medicine and allowed her gradually to return to the diet she longed for. She had a great craving for sweets, especially for honey. There was an esoforia of thirty degrees and a higher degree of hyperopia; under a prism to correct the muscular insufficiency, and a glass to repress ciliary strain, in twenty-four hours the thirst was greatly lessened, and she passed but sixty-four ounces of urine, specific gravity 1040, sugar six per cent. After a tenotomy the quantity fell to forty-eight ounces, with a specific gravity of 1030, two per cent. of sugar. At no time since has the quantity exceeded sixty-four ounces, at times it has been as low as thirty-two ounces, specific gravity averaging 1026 to 1042, from two to five per cent. of sugar. When she ate freely of sweets, the gravity went up, but the rest of the urgent symptoms daily grew less. As soon as the urine went from a gallon to half that quantity all the discomfort referred to the kidneys and ureters disappeared.

The patient is not yet well, but the extreme weakness is gone, as has also

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the bleeding from gums and disagreeable taste in the mouth, the thirst has ceased, the local itching has entirely disappeared. She is able to do her house work.

CASE 4.—G. H., 17 years, captain of a foot ball team. In one of their plays he was thrown violently, was picked up insensible and kept in bed with ice on his head for several days. As soon as he was able he engaged in another game, was thrown by a blow on his head, but in a little while was able, though very dizzy, to go on with the game. In a week from that time while playing a third time he was struck violently above the right ear by the knee of another player, and was carried insensible from the field. This blow was so severe that the knee that struck him was disabled for months. After being in bed a week, he got up and went to New York on Thanksgiving day to see a game between Yale and Princeton. That evening (after returning to his school at Lawrenceville) when at supper, he began talking in a loud and boisterous manner, and was found to be wildly delirious. He was put in his room, but refused to go to bed. During the night had three severe convulsions. After twenty-four hours the delirium subsided, he became sane and was sent home. When I saw him (forty-eight hours later) he complained of intense headache and vertigo, intolerance of light, anorexia, and insomnia. When he tried to walk, it was with a staggering gait, and finally, not being able longer to co-ordinate the movements of his legs, he fell suddenly to the floor. He attributed this to the intense dizziness, which when he was in a horizontal position was comparatively mild, increasing in intensity as he reached an upright position, until he apparently lost consciousness. If he kept his eyes closed, resting his hands on the shoulders of one in front of him he could walk a short distance with a shuffling step, not raising his feet from the floor.

Drs. G. D. Nutt, as oculist, and H. G. McCormick saw the patient with me.

Feeling deeply the gravity of the case, I went to Philadelphia to consult specialists Drs. Willis Keen and Wharton Sinkler. On my relating the symptoms, they advised his being sent there to a hospital so that he might be carefully watched and in case of emergency be operated upon. He positively refused to leave home; his parents would not compel him to do so. His treatment, in which all the physicians concurred, was externally blisters to his scalp, internally mercury and iodide of potash in small, gradually increasing to large, doses; for the headache and insomnia, every agent known to do good in such cases was tried with little or no effect; if they made him sleep it was at the expense of so much greater headache that he finally refused to take them. After he had been ill over two months, it was necessary for me to be from my practice for three weeks; during that time he was under the skillful care of Dr. H. G. McCormick, who had been attending him as consulting physician during his entire illness. On my return I found him practically as he was when I left, no better, no worse. I then stopped medication, and began to treat the case entirely through giving attention to eye strain. As soon as the ciliary muscle was entirely relaxed he slept all night, the headache gradually grew less; in a week he was able to walk upstairs, dress himself and ride to my office to be fitted for spectacles, after which he was practically out of my hands and returned to school after the Easter holidays. With ardor in nowise cooled by this terrible experience, he went to Long Island for six weeks' training from Princeton and played soon after in a game with the University boys.

CASE V.—G. H., 74 years old, suffered over twelve years with twitching in left side of face accompanied by sharp, tingling sensations and severe, darting pains. So sensitive were the tissues that the touch of a feather was agony. A swallow of hot or cold water touching the inside of the cheek, or the effort to chew, so intensified the pain that she took nourishment with the greatest difficulty. Her general health was bad in every way. There was an esoforia of

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sixteen degrees. After a section of the muscle the pain and sensitiveness disappeared, though some twitching of the muscles of that side of the face still remained. Further tests showed a short lower muscle; when that was clipped this also disappeared and the face was absolutely free from all discomfort. Being able to eat more freely her general health improved somewhat.

These few cases, to which many more might be added, serve to confirm the reports given by Drs. Chalmers Prentice of Chicago, Geo. L. Stevens of New York, Chas. Herman Thomas of Philadelphia and others who have been working on this line and show the necessity for interrogating carefully the eye in all serious chronic disorders.

FRONTAL TUMOR WITH PSYCHICAL SYMPTOMS.— In a recent number of the *Lancet* Dr. Lepine records the case of a woman aged forty-four, without a previous history of any significance, who had one night a convulsive seizure, followed by loss of consciousness and subsequently orbital headache, vertigo, and noises in the ears. On admission to hospital there was some psychical dulness, difficulty in walking, apparently from some impairment of equilibration, sometimes a tendency to retropulsion, and slow speech. Next day she had an attack in which she became comatose, with the head and eyes turned to the right. The pulse was slow, but unconsciousness only lasted a day. It was succeeded by a month of a condition similar to that in which the patient was on her admission. Then an attack of unconsciousness succeeded, with deviation of the head and eyes to the left and left facial paralysis. On emerging from the unconsciousness a curious psychical change was manifest. She had lost all recollection that her husband was dead (he had died seven years before), and she fancied that the patient in the next bed was her cousin. There was also left hemiopia. Another attack of unconsciousness was experienced, and this was followed by death. At the necropsy the pia mater and dura mater were found adherent at the anterior part of the right frontal lobe, and at this part a gummatous growth was found as big as a walnut. In the longitudinal fissure also on the left frontal lobe a little in front of the genu of the corpus callosum a smaller and apparently more recent gumma was found. No other appreciable changes in the cerebrum were discovered. The presence of psychical symptoms in this case is very interesting, especially in association with a morbid condition of the frontal lobe.

* * *

A NEW METHOD OF APPLYING ELECTRICITY.— Sternberg (*British Medical Journal*) describes the following method. A piece of telegraph wire is arranged so as to conduct to earth; the free end of this is joined to one end of a secondary coil, to the other end of which an ordinary wire is attached. From the free end of this wire it will be found that shocks are received distinctly stronger and more painful than in the ordinary method where two electrodes are applied to the body. If, however, the free end is connected with a well wetted electrode and placed in contact with the moistened skin, no effect is felt even when the two coils of the induction apparatus are pushed completely over one another; from one person thus electrified shocks will pass to another if sufficiently near. The practical uses depend on this difference. First, diagnostically; the bare wire is used for the detection of analgesia, and hence the necessity of numerous punctures by needles, etc., with risk of sepsis is avoided. Secondly, therapeutically; the operator holding the moistened electrode in his left hand, passes his right hand over, say, the forehead of the patient, who experiences a sensation like an electric douche. In cases of headaches of all kinds, even due to cerebral tumor, and also in cases of neurasthenia, and in a variety of painful affections this method has been found to give good results.

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MEDICAL PROGRESS.

CASTRATION FOR HYSTERIA.—Gilles de la Tourette (*British Medical Journal*) strongly opposes the practice of removing the ovaries for hysteria. The modern idea that the ovary is the seat of that neurosis is as silly and mischievous as the ancient theory that hysteria arose from the womb. Clitoridectomy was odious and unscientific, but did not kill. 1872 was an evil year. Hegar and Battey both performed oöphorectomy for hysterical dysmenorrhea; Battey's case recovered. Hegar's patient dying "headed the long martyrology of hysterical patients condemned to castration and later to hysterectomy." Charcot especially condemns this unscientific and dangerous operation. He categorically denies the existence of a "genital hysteria;" he even declares that there is no such thing as hysteria, hystero-epilepsy or epilepsy "of menstrual origin." The catamenia are deranged as a result of the neurosis which they cannot cause. He has never seen a case where the operation could be justified. He has seen many where it had been performed, and the women remained hysterical as before. They had the extra worry caused by knowing that they had lost their ovaries which they could never get back again. Castration for hysteria in the female is as unjustifiable as it would be in the rare cases where hysteria with pain in the testes and scrotum exists in men.

* * *

THE PATHOLOGY OF INFLAMMATION.—One of the most fascinating problems that has engaged the attention of both the older and modern school of pathologists, says the *International Journal of Surgery*, is that of the nature of the inflammatory process. While the majority of pathologists of the present day distinguish a simple or traumatic and an infective form of inflammation, there are others who consider the presence of micro-organisms as a *sine qua non* to the development of this process. In a scholarly article read before the late meeting of the American Surgical Association (*Medical News*) Prof. Roswell Park discussed this subject from the latter point of view, and insisted that the term inflammation should be confined exclusively to one distinct class of lesions, those produced by micro-organisms, and never to those other lesions into which the question of infectious micro-organisms does not enter, but that such lesions should have names based upon the pathological lesion. What is generally considered as a simple or traumatic inflammation, as, for instance, the synovitis following a severe sprain of the knee-joint, he would regard as a process of hyperemia and congestion, and he would reserve the term inflammation for cases in which microbic infection had occurred, such as a purulent synovitis. Dr. Park also urged a more exact differentiation between the various substances known as pus, and suggested the following names: For material produced in the course of an acute phlegmon, infectious, toxic, the old name "pus;" for material from healthy granulating surfaces, or from raw tissues that have not yet had time to granulate, which is free from bacteria, and has no infectious or toxic properties, the name "pyoid" or "puruloid;" for the contents of old cold abscesses that have long since lost everything except the grossest and crudest resemblance to the pus which they may originally have been—the name "archepyon." In the author's opinion, the nature of the inflammatory product affords a direct clue to the treatment. Real, genuine pus requires prompt evacuation; pyoid or purulent material calls for no special treatment except absolute cleanliness; while the presence of archepyon demands complete eradication of all infected tissue, including the so-called pyogenic membrane. Attention was also directed to the fact that the membrane of old or cold abscesses is pus protective and not pus producing, and that therefore it should be termed prophylactic and not pyogenic. The ideal method of dealing with this membrane is complete removal; next to this, complete destruction by caustic agents; and in default of these the application of antiseptics and stimulating substances.

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We regret that lack of space prevents us from quoting further from this interesting article, which adds materially to our knowledge of the inflammatory process. The chief objection to Dr. Park's views is the difficulty of determining the presence or absence of micro-organisms in any given case, unless the formation of pus be considered as indicative of infection.

* * *

EARLY DIAGNOSIS OF DIABETES.— Von Noorden (*British Medical Journal*) draws attention to the early diagnosis of diabetes since treatment in the early stages offers considerable hopes of recovery. Treatment should be begun before the diagnosis is made by the discovery of sugar in the urine. The author has investigated the diagnostic value of alimentary glycosuria in such cases. In 15 adipose individuals no trace of sugar could be found when food containing much carbohydrate material was administered, but when pure grape sugar was taken glycosuria was noted in 4 cases. Two of these 4 cases have since developed diabetes, and the two other cases have not been under observation long enough. If subsequent investigation confirms these observations the test with grape sugar will be of considerable diagnostic value. It should be tried in the adipose and gouty, especially when a family history of diabetes is present. The author looks upon adiposity as frequently an early symptom of diabetes.

* * *

THE COMPARATIVE VITALITY OF THE SEXES.—This is the subject of an editorial in the *Archives of Pediatrics* and is of interest to the medical man as well as to the life insurance company. It is the common impression that men are not only less subject to illness, but are longer lived than women. The life tables of insurance companies, however, show that the term of life of women is slightly longer than that of men. The difference in the mortality rates during the first few years of life is striking. During the first year, the mortality among males is decidedly greater than among females. Although more boys are born than girls, the proportions are reduced to almost even terms at the end of the first year by the excessive male mortality. Even during the first four years the mortality among males exceeds that among females, notwithstanding the fact that there are practically no distinctions made in the management of the two sexes. Both are subject to the same conditions, are dressed virtually the same, and receive the same food. At about five years the comparative death rate among girls begins to increase. This has been attributed to the fact that boys of this age are more in the open air. The mortality in both sexes diminishes from this time until the twelfth year, when it attains its lowest point. It then steadily rises, being larger in each successive year. Between the twelfth and sixteenth years the death rate among girls increases more rapidly than among boys, but after the sixteenth year for several years the rate of increase is more rapid on the male side. The explanations that have been offered for these peculiarities are not wholly satisfactory, but one fact is clear, that during early years females possess a greater tenacity of life than do males.

* * *

HEMOSTASIS IN VAGINAL HYSTERECTOMY.— Delore (*British Medical Journal*) adopts the following method of detaching the cervix, whereby the chances of hemorrhage are reduced to a minimum. He avoids the complete circular cut into the mucous membrane. A semi-circular incision is made anteriorly and posteriorly. The ends of opposite incisions are not made to meet, so that the mucosa reflected on to the cervix in lateral fornices is not wounded. The bladder is then detached, and Douglass' pouch laid open; then the broad ligamant is seized on each side between the blades of a long-handled forceps, which also grasps the mucous membrane. The uterus can then be detached. All blood-vessels are already under perfect control.

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Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, AUGUST 17, 1895.

THE special subject for discussion at the last meeting of the Maryland State Medical Society was typhoid fever, and while not much light was thrown on the subject, the whole matter was thoroughly talked over and the disease from every standpoint, both in the city and in the country, was discussed. At that time every possible cause was brought before the profession and practical remedies were suggested but the disease keeps merrily on and causes a very large number of deaths.

Typhoid Fever.

Just now typhoid fever is appearing in Baltimore and vicinity and by the time another month has passed away the usual number of cases and deaths will occur and learned bodies will again discuss the disease in all its bearings with little or no practical results. The attending physician and the health department should work in harmony.

By a recent ordinance of the Baltimore City Council all cases of typhoid fever occurring within the city limits must be reported to the health department of Baltimore as soon as the diagnosis is certain. If this were done there would be some chance of tracing the cause of the disease, especially when several cases occur together. The notification act is a hard one when it imposes this work on the physician even if it only amounts to filling out a card.

Such work should be placed on the householder and he or she should alone be held responsible for neglect to perform this duty. Also the householder would very likely be dealt with more summarily than the physician who too often is spared any punishment by the kind and genial health officer, who is himself a physician and who appreciates the difficulties of notification. If the householder were responsible for the reporting of all diseases which the law says must be reported, the cases would be more promptly and fully registered at the health office.

Let the existence of the disease once be made known and let the cause be discovered and proper precautions may be taken to prevent its reaching others. For an unsewered city Baltimore is unusually healthy, but the disease and death rate may yet be lowered by careful attention to notification as required by the health department.

* * *

IN the present day of antisepsis and preventive medicine anything that preaches cleanliness should be encouraged and not decried. The *National Medical Review* very sensibly makes a defense of the dude. It says:

The Dude.

We are now prepared to defend the dude. One thing can surely be said of him; he looks clean. Not one little part of him, simply, but the whole individual. His collar is not melted with the heat of many summers; neither are his shoes covered with the sands of time. His linen is not stained with the drippings of tobacco juice; neither are his teeth covered with the green algae of antiquity. His face is not the sign of a poor barber; neither are his fingers plowed with the deep fissures of the bichloride. The dude is surgically clean. Tubercle bacilli slip from his polished footwear; and the Klebs-Loeffler bacillus cannot find a nesting-place beneath his nails. He is the latest teacher, and wise are those who profit by his lessons.

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The dude is simply a relative term and because a man is well and neatly dressed and even because he is in what is called the fashion he should not be ridiculed. All attempts at neatness and care of personal appearance should be encouraged and the physician and surgeon who is careless about his personal appearance and dress is one who will not command the respect of his patients and is not fit for surgical operations. Brains and disorders of dress are supposed to belong together and many a great man has been excused from neat dressing because a great name or valiant deeds cause all such trivial things as dress to sink into insignificance.

The man who has nothing else to boast of may be an artist in his dress, may know how to combine colors and form so that he is always in taste, not the uncultivated taste of the tramp, but the cultivated taste of the well-dressed person. The person who is carefully and well dressed is not necessarily a dude but he is usually clean and as the exchange from which this quotation is made has said, he is a teacher and sets an example to those that scoff at him. It is better to be dressed in the extreme of fashion and be what is popularly called a dude than to be plainly clad and unwashed.

The dude has his uses even if it is to set an example to those who think they are his superiors and yet who are far behind him in the practical application of the first sanitary principles.

* * *

Disbarring Physicians.

When a member of the legal profession commits some act that is considered especially disgraceful or criminal, he is given a hearing before his professional colleagues and if found guilty is disbarred and prevented from practicing his profession in the courts. This is the law in many States and the local and general bar associations look very carefully into the standing of lawyers, whether they belong to the association or not.

Physicians, on the other hand, rarely suffer to the same extent when they become black sheep in their profession. A physician who commits some act worthy of notice may be called before his State medical society and reprimanded or dismissed for unprofessional conduct, but that does not prevent his practicing and he may be professionally as successful and as skillful as his more ethical colleagues.

If a man is hardened enough to commit disgraceful acts and even stoop to criminal deeds, his dismissal from his State society will hardly keep him awake at night. If, however, his acts prevent him from practicing or do not allow him to enjoy the privileges of a drug store or debar him from signing death certificates, he might consider before he did wrong.

Too many men forget the college or school of medicine that gave them a foundation in medicine and taught them the little of that branch that they know, but few would care to have their alma mater disown them and ask that their name be struck off the rolls. The action of the University of Tennessee is to be commended.

The University of Tennessee adopted the following resolution in respect to a graduate of the medical department of that institution as follows:

Whereas, It appears that one ——— of ———, having complied with the requirements for graduation, received the degree of M. D. from the Medical Department of the University of Tennessee in 1894; and,

Whereas, It has been made known and positively proven to the satisfaction of this faculty that the said ——— has so far forgotten and ignored the principles of honorable medicine as to enter into unprofessional advertising schemes and methods to obtain practice in violation of the code of medical ethics and professional decorum, therefore be it

Resolved, That we, the faculty of the Medical Department of the University of Tennessee, censure and condemn the conduct of said ——— as unprofessional, and that the dean is hereby instructed to strike his name from the records as an alumnus and declare him beyond the pale of professional recognition.

This may not worry that particular physician, but it will possibly have the effect of warning other graduates of the excellent university against departing from the paths of virtue and rectitude. There are plenty of scoundrels in the medical profession and their opportunities of doing harm are great and it would be a move in the right direction if some such steps as the above could be taken to deal summarily with this degrading class.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 10, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		6
Phthisis Pulmonalis		20
Measles	8	1
Whooping Cough	2	1
Pseudo-membranous Croup and Diphtheria.	7	2
Mumps		1
Scarlet fever	7	1
Varioloid		
Varicella		
Typhoid fever	5	2

There are 130 women oculists in the United States.

Pennsylvania has made some very liberal appropriations to her hospitals and medical schools.

Dr. J. F. Hempel has removed his offices from 1103 Valley Street, to 1213 East Biddle Street, Baltimore.

It is proposed, in the north of England, to build some traveling hospitals for infectious diseases, the sparsely settled condition of that region admitting of their portability.

The contract for building the new smallpox hospital at Washington, D. C., has been awarded and work will begin at once in order to complete the building by November 1, this year.

The twenty-sixth annual meeting of the Medical Society of Virginia will convene at Wytheville, in that State, on Tuesday, September 3, and continue in session three or four days.

Dr. Formad says that in 250 chronic alcoholists the autopsies showed fatty degeneration of the liver in over 90 per cent., and over 60 per cent. had congestion or a dropsical state of the brain.

The American Electro-Therapeutic Association will hold its Fifth Annual Meeting, at "The College of Physicians and Surgeons, of Ontario," in Toronto, Canada, on Tuesday, Wednesday and Thursday, September 3, 4 and 5, 1895.

The governor of Delaware, acting under the medical law passed by the legislature of that State, has appointed two boards of examiners, one to represent each of the two principal schools of medicine.

The authorities of Paris have under consideration a project for establishing a special sanatorium for the study and treatment of whooping cough, to be situated in the country. This is said to be in pursuance of their plan of special rural sanatoria.

The annual Italian Congress of Internal Medicine will be held at Rome in the month of October. Sero-therapy will be the principal subject for discussion. Professors Foa of Turin, de Renzi of Naples, and Giovanni of Padua, are announced to take part in the discussion.

Dr. Eugene F. Cordell will give instruction during the month of September to students desiring to prepare themselves for the preliminary examination. The Rules of the American Medical College Association require that all matriculates of medical schools (not otherwise exempt) shall pass an examination on preliminary subjects.

The recommended time of quarantine adopted by the Pennsylvania State Board of Health for persons who have been exposed to infectious diseases, when they may safely be admitted again to school, if they continue in good health, and have taken proper measures for disinfection, are as follows: for diphtheria, after twelve days; smallpox, eighteen; measles, eighteen; chickenpox, eighteen; mumps, twenty-four; whooping cough, twenty-one: Adults may be admitted at once, if they disinfect their clothes and persons.

According to the census of 1890, of every 10,000 deaths in the United States 1 will be from calculus, 35 due to Bright's disease, 40 to fevers other than typhoid, 59 to rheumatism, 70 to scrofula, 130 to cancer, 140 to apoplexy, 148 to whooping cough, 160 to dysentery, 190 to meningitis, 220 to scarlatina, 246 to ague, 250 to convulsions, 310 to typhoid fever, 350 to heart trouble, 480 to diphtheria, 880 to diarrhea and 1420 to phthisis. Of this number 2210 are from typhoid, diphtheria and phthisis, all of which are preventable and if we take in whooping cough, dysentery, scarlet fever and diarrhea, we shall have more than one-third of all deaths at the present time from preventable causes.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending August 12, 1895.

The extension of leave of absence on account of sickness granted Major Clarence Ewen, Surgeon, is further extended two months on account of sickness.

The leave of absence for seven days granted to Captain R. J. Gibson, Assistant Surgeon, is extended twenty-three days.

Captain Louis S. Tesson, Assistant Surgeon, is relieved from duty as Attending Surgeon at Headquarters Department of the Missouri, and Examiner of Recruits at Chicago, Illinois, and ordered to Fort Ethan Allen, Vermont, for duty, relieving Captain Aaron H. Appel, Assistant Surgeon.

Captain Appel, on being thus relieved, will report for duty as Attending Surgeon and Examiner of Recruits, Chicago, Illinois.

A board of officers, to consist of Major Philip F. Harvey, Surgeon, Major George H. Torney, Surgeon, and Captain Charles F. Mason, Assistant Surgeon, is appointed to meet at West Point, New York, August 15, 1895, or as soon thereafter as practicable, for the physical examination of the cadets of the First and Third Classes; the cadets of the Second Class on their return from furlough and such other cadets of the United States Military Academy and candidates for admission thereto as may be ordered before it.

A board of officers is appointed to meet at Fort Robinson, Nebraska, on Friday, September 6, 1895, for the examination of Captain Louis W. Crampton, Assistant Surgeon, with a view to determining his physical fitness for promotion.

Detail for the Board: Colonel Dallas Bache, Assistant Surgeon General; Major Henry McElderry, Surgeon; Major Joseph K. Corson, Surgeon.

Leave of absence for two months is granted First Lieutenant Charles F. Kieffer, Assistant Surgeon, United States Army.

Leave of absence for one month is granted Major Ezra Woodruff, Surgeon, Fort Keogh, Montana.

Leave of absence for two months is granted First Lieutenant Wm. F. Lippitt, Jr., Assistant Surgeon, Fort Leavenworth, Kansas.

UNITED STATES NAVY.

Week ending August 10, 1895.

Surgeon C. G. Herndon detached from Bureau of Medicine and Surgery, to duty on the "Lancaster." August 6.

Passed Assistant Surgeon F. C. Brathwaite detached from naval hospital, Norfolk, Virginia, to duty on the "Lancaster." August 6.

Past Assistent Surgeon E. R. Stitt detached from special duty and ordered to the "New York." August 7.

Past Assistant Surgeon J. F. Urie detached from the "New York" and granted two months' leave. August 7.

Passed Assistant Surgeon I. W. Kite detached from the Monitors to duty on the "Franklin." August 9.

Passed Assistant Surgeon L. L. Young detached from the "Franklin" to duty at naval hospital, Norfolk, Virginia. August 9.

BOOK REVIEWS.

INTERNATIONAL CLINICS; A Quarterly of Clinical Lectures. Edited by Judson Daland, M. D., J. Mitchell Bruce, M. D., F. R. C. P., and David W. Finlay, M. D., F. R. C. P. Volume II. Fifth Series. 1895. Philadelphia; J. B. Lippincott Company.

This volume is full of lectures by men, some of whom are prominent and some not so well known. The menu is an assorted one, and poor indeed must be the taste of the reader who cannot find something of interest. The colloquial style makes them very attractive reading, but in so many cases they are very elementary and of a style best suited for undergraduates. With a set of such books on the shelf and a difficult case in practice, the former is seen to be of great help in making the diagnosis. While no one person would probably read such a volume through there are few indeed who would not be interested and even taught by one or more of the many lectures. This series continues to hold its readers and bids fair to live to a great age yet. The clinical lecture occupies a more and more important place in the curriculum of most schools which have adopted the four year standard, and for this reason that style of teaching, whether in the amphitheater or in a book, holds the attention and reaches its purpose much better than the systematic treatise. The editors do not seem to want for material and some of it is especially good.

REPRINTS, ETC., RECEIVED.

Announcement of the Ninth Annual Course of Instruction in Orificial Surgery. By E. H. Pratt, M. D., LL. D.

The Diagnostic Value of the Medical Laboratory. By Wm. M. Harsha, A. B., M. D., Chicago. Reprint from *Medicine*.

First Impressions of a Medical Examiner. By Edward Cranch, M. D., Erie, Pa. Reprint from the Homeopathic Physician.

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CURRENT EDITORIAL COMMENT.

FRANKNESS.

New York Medical Journal.

THE course generally pursued by physicians of withholding from patients who are dangerously ill or affected with an incurable, though perhaps latent, chronic malady definite information as to their real condition is founded on most creditable motives, chiefly that of saving the patients unnecessary mental distress. Doubtless with some persons and on some occasions, however, it would be well to show the utmost frankness. At all events many persons feel that it would be.

SUBSTITUTES.

Atlantic Medical Weekly.

DON'T forget when you go away this summer for your vacation, to recommend to your patients one of your *confrères*, in case they should need medical attendance during your absence, and don't fail to notify the physician of your action. By so doing you will retain your family and make it easier to resume your practice on returning. A physician attending your patients during your absence will look upon such a patient with different eyes than if called to attend him with no word from you and no knowledge that it was only your inability to attend that gained for him the opportunity.

THE PRACTICE OF MEDICINE IN CITIES.

Journal of the American Medical Association.

THE rush of young men, not well prepared, into the practice of medicine is likely to be checked and headed off for a time. The State examinations for license to practice will raise the standard and drive out the incompetents and quacks. In some of the large eastern cities new questions of professional peril are coming into prominence. Teachers and specialists in every city have depended very largely on consultation practice. The strain to secure a position in a medical college was, in most instances, to enlarge their acquaintance and consultation practice. This has grown to such an extent that vacancies for teaching are bought and sold, not always for so much money, but for influence and prospective power to help the college and its teachers.

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All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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NOTES.

NEVER prescribe morphine with the cyanides.

*

IT is said ignatia amara will destroy the taste for tobacco.

*

PAIN is most severe in those cases of pneumonia which attack the lower lobe.

*

SALAKTOL is a new remedy for diphtheria, which has been used with striking success.

*

WARM water persistently applied will relieve the intense burning and itching of erysipelas.

*

IN acute suppression of urine try pilocarpine hydrochlorate one-thirtieth to one-tenth grain doses.

*

DR. JOSEPH M. MATHEWS, in his new work on rectal diseases, has laid great stress upon the use of high injections of iodoform emulsion for the cure of ulceration of the sigmoid flexure.

*

THE purified fluoride of sodium possesses an especial action on children that are either predisposed to or already have tuberculosis. The results obtained persist. In many cases the cure remains many years.

*

TO PREVENT black eye, paint over the injured surface two or three times with a mixture of tincture of capsicum annuum and an equal bulk of mucilage and a few drops of glycerine. The coats should be repeated as soon as dry.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 19. BALTIMORE, AUGUST 24, 1895. WHOLE NO. 752

ORIGINAL ARTICLES.

MICROBES AND MOULDS; THEIR EFFECTS UPON ANIMALS AND VEGETABLES.

READ BEFORE THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

By William T. W. Dickeson, M. D.,

Media, Pa.

THE presence of microbic parasites, ferments and microscopic fungi and the relation they bear to the cause of disease, both in animals and plants, has led to their thorough investigation. So that now most of the forms of bacterial life are known as to their harmless or injurious effects on living tissue. Their influence upon many substances entering our bodies as food and drink is important to know, whether they may or may not be deleterious to health. Whether it be on fish, flesh, or vegetable matter, microbic fungi can always be found in greater or less numbers.

The commonest source of microbes and animalculae is from water; a drop may appear as clear as a diamond, yet under the microscope it may teem with millions of animated beings.

The microbe of impure water is the bacterium termo; when water is left to stand for several days, they are generated in great numbers, and are easily obtained for examination; no spring or pond water is free from microbes and diatomes; luckily they are not injurious to health by themselves, if the larvae of other parasites be not present among them. Well and spring water that is still or stagnant contains more living organisms than running waters, because it is found that swiftly running water is comparatively free from germs; so also, the free circulation of air interferes with the growth of fungi. It is stagnant water that becomes the vehicle of microbic parasites, and carries infectious diseases. Wells and springs in near proximity to barn yards, sewers, or cess-pools, carry through the soil organic matter which contain germs of a deleterious character, and should not be used for drinking without purification, so organic matter in solution is the common nourishment for all microbes; it supplies the oxygen necessary for their life and growth; without it they do not propagate and soon die.

A prolific source of infantile disorders originates from the fungoids that often exist in milk. Cow's milk often contains colonies of microbes that engender serious disorders in children; when any ropiness is detected in this fluid, it should not be used until well sterilized at a temperature of 200° Fahrenheit.

Thus we find that the spores of dangerous diseases are carried into the body by a neglect of these precautions and if the patients' condition be too weak to throw them off, they are carried into the circulation, causing fever and blood degeneration, by the extraction of oxygen from this fluid. This is the action of the septic vibrio in most malignant and

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pernicious fever cases. Other methods also of conveying these dangerous spores besides food and water exist; it is often a mystery how the spores of malignant diseases are communicated to persons. It is claimed that besides fomites, which is the common carrier, that flies and mosquitoes have spread both splenic and yellow fever.

That fevers are due to parasitic origin there seems to be no doubt; this is made evident by an examination of the blood corpuscles in acute septicemia, where the vitality of the blood has been destroyed by the septic vibrio and the elastic stroma eaten through. Fevers and intestinal affections usually prevail after a heated term, or during a long, hot and moist season, as shown by all our epidemics, and the increased growth of parasitic germs at that time distributed through the air and water. As the weather approaches frost the germ growths are arrested, cold stops microbic development and the epidemic as a result abates.

The animal economy is not the only sufferer from attacks of parasitic fungi; their deleterious effects are also very decided upon vegetation, upon grains, fruits and flowers; for instance, the molinia fungus attacks our fruit and causes it to rot even before it is ripe.

The fungus mucor muceda destroys our canned goods and preserves and causes them to mould and putrefy.

The ascophora mucedo fills our bread with mould, and reduces it to a poisonous product of trimethylin.

The mucor herbarium destroys the dried plants of the botanist.

The actinispora mildews books and papers when near a damp wall.

So the souring of beer and wine is the work of a microbic fungus also.

Tyrotoxin, a very poisonous excretion from microbes, exists in butter, cheese and milk, and is not destroyed even at a freezing temperature.

Some years ago a fatal malady entered many of the breeding houses of the European silk-worm and spread disease and death so alarmingly among the silk-worms, that the silk industry seemed likely to come to an end. Pasteur was applied to for a remedy. He found that the silk-worm disease was due to a microbe of the fungus family of omycetes, prapagated by spores falling on the silk-worms, then penetrating their bodies, killing the animal and spreading the infection to the whole colony of worms, both young and old. The local name for the disease was Pebrine. The successful remedy was cremation and starting new breeding houses.

Pasteur and Koch also investigated the infectious disease known as anthrax or splenic fever, which destroyed so many of the domestic animals of Europe. They found the cause to be due to a microbe, a bacillus, an anaerobic parasite swarming in the blood of the infected cattle, abstracting from the blood-corpuscles the oxygen required for health; the result of this abstraction was asphyxia, coma and death.

In malignant cholera, the same result occurs, from the introduction and propagation of anaerobic microbes, or what seems more probable, where death takes place in a few hours, from absorption of the poisonous ptomaines from this bacillus.

Ptomaines are effete organic matter, sometimes very poisonous, resembling the venom of poisonous snakes. In their action they closely resemble strychnine and some other of the poisonous vegetable alkaloids; they are supposed to be the excretions of microbes of putrefaction.

Penam extracted poisonous ptomaines from the putrid organic ferments, from a man who had died of typhus fever. It was an alkali similar to strychnia in its therapeutical action; with less than one grain he caused the death of a dog in two hours. This virulent inoculated ptomaine he called septine; since then, other ptomines have been extracted, principally with a view to immunize against infectious diseases. Even after the removal of all bacteria from a fluid, the septic matter if it be sufficiently concentrated will produce by injection into the circulation, fever, rigors, spasms, collapse and finally death.

Poisonous ptomaines, the result of putrid fermentation, may form in bread,

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meat, fish and milk; the latter often generates tyrotoxin, which has poisoned many people who have eaten ice cream in which it existed.

Microbes of putrefaction also produce carbuncles, boils, whitlows, phlegmon and malignant sores containing pus or putrid matter.

According to Cornell, the microbe of malignant cholera dies in pure cold water in a few hours but will live in warm drinking water or in broth for days or even weeks and retain its activity of infection. A few of such spores, under favorable conditions, will multiply in a few hours into millions, and contain all the virulence of the parent germ. Injections of these toxic cultures into the veins of rabbits and guinea pigs caused their death within a very few hours. He states: "From the fact that the fatal attack did not assume a dysenteric type it was thought that the toxic agent of cholera was due, not to the bacillus comma, but to an embolism caused by the poisonous serum of these bacilli."

Septic organisms inducing disease are now pretty well understood; they can be separated from the diseased fluids of the body, propagated by cultures, prevented from growing or producing spores and readily destroyed by antiseptics when in or out of the body. But we have to exercise great care when we introduce a foreign substance into the circulation, for death has followed closely after the injection of serum derived from bacterial cultures not properly diluted, even when considered a fit and safe immunizing agent.

It has been asserted that the introduction into the circulation of serums from the attenuated cultures of microbes derived from any infectious or malignant disease will overpower any and all other active microbes that may be present and prove destructive to the life of the blood or the blood corpuscles.

It has been shown that the life history of these microbes exists in two conditions, both requiring organic matter and an oxygenated fluid to live in, one deriving its food from the surface (aerobic) the other from the interior fluids (anaerobic). We find this exhausted fluid in which they once lived is now unfit for continuing their lives and that it is poisonous to both, at the same time innocuous or comparatively harmless when injected into the human circulation. This is what takes place when an immunizing serum is injected to prevent or destroy the disease-causing germs already there.

The vigor of the blood in building up animal tissues depends upon the protoplasm furnished by the chylificrous and lymphatic systems and that what are known as leucocytes play a very important part in this direction in maintaining a healthy status of the body. If therefore the cytoblastic power inherent in the blood be interfered with by the growth of parasites the result is a derangement of the circulation and disease follows, the violence of the disorder depending upon the vitality of the patient to resist the morbid action of such parasites. The production of leucocytes, therefore, is dependent on this effort to resist disease and not the cause of it, as was formerly supposed. By some it is believed that they are ultimately converted into the red discs of healthy blood besides being tissue builders. The direct introduction of germ serum into the circulation is said to have the same effect of increasing the leucocytes as when produced by the thoracic fluids (protoplasm or nuclein). By their increase they envelop the toxic parasite and either prevent its growth or destroy it altogether.

It is now claimed that leucocytes may be readily increased in the blood of enfeebled individuals through the direct digestive channel by administering peptonized phosphatic tissue substances of a complex chemical formula and such substances have been distributed throughout the country as prophylactics for malignant diseases and anemia.

The direct introduction of serum into the circulation is held to have the same effect of increasing the leucocytes, which by this increase envelop the toxic parasite and either prevent its growth or destroys it altogether. This is proved by the ameboid power inherent in all

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white corpuscles of the blood to incorporate or lodge particles of matter in their own substance and as the leucocyte is simply an animal cell, by osmosis, they readily penetrate the vascular spaces and are converted into tissue. Under a depressed physical condition the lodgment of microbes is more certain than where the vital forces are in full vigor, and it is to this end that leucocytosis is desired in the weak individual as it is known that resistance to disease is due to such presence.

From the effectiveness of this and the splenic serum in arresting malignant anthrax disease, there is a probability that ultimately a serum will be obtained that will neutralize both germs of cholera and tuberculosis, that is, if these scourges result from sporadic introduction. At the time of the discovery of the antitoxine of anthrax, Pasteur and others were experimenting upon the cholera bacillus and it was announced that an immunizing serum was found, and about the same time Dr. Koch also announced his discovery of a serum or ptomaine for the extinction of the bacillus of phthisis, but unfortunately both these remedies utterly failed, after the most thorough trials, not only in hospitals but in the private practice of physicians in different parts of the country. It is to be hoped that the diphtheric serum of Professor Roux may not follow in the groove of these failures, but verify the reports published that by its use the mortality of diphtheria has fallen from 50 to 21 per cent., that in 62 cases only one death occurred and this case was hopelessly ill at the time of the injection.

SOME CASES OF HEAD INJURIES, WITH CEREBRAL SYMPTOMS.

By Randolph Winslow, A. M., M. D.,
Professor of Anatomy and Clinical Surgery, University of Maryland.

CASE I. — Compound comminuted fracture of right frontal and parietal bones. Concussion of brain, paralysis, recovery.

R. F., white, aged 19 years, was admitted to University Hospital on July 10, 1892. On this date he was stealing a ride on an express train on the Baltimore and Ohio Railroad. When near Relay Station, the conductor came upon the platform, which frightened F. to such an extent that he jumped from the train while running at a high speed. His head struck against a post and he fell to the ground, sustaining a compound comminuted fracture of the right frontal and parietal bones, with extensive laceration of the scalp and face. The opening into the cranial cavity was two and a half inches in diameter, exposing the uninjured membranes of the brain. Dirt and pebbles had gained entrance into the cranial cavity, the orbit was extensively fractured and the zygoma and malar bone broken and detached, and the orbital plate could be plainly seen. There was an extensive laceration of the scalp, extending from above the nose to beyond the right ear, and another almost at right angles downwards, detaching the cheek from the face. There was hemorrhage from the right ear and the pupils responded to light. He was profoundly unconscious, but was in no great shock. He had been drinking previous to injury. The parts around the wound were thoroughly cleaned, face and scalp shaved, dirt and pebbles removed from the cranial cavity and the wound and exposed cranial cavity irrigated with a weak bichloride solution. The face and scalp were loosely sutured with four sutures to hold the parts somewhat together and a voluminous antiseptic dressing applied. For some days he remained unconscious, was partially paralyzed on the left side, and had high temperatures, but in about a week his temperature fell to normal, pulse became slower and stronger and consciousness returned. He was assiduously watched by relays of students for a week and

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stimulants and food administered at frequent intervals. As he convalesced, his appetite became ravenous and he became a phenomenal glutton. The scalp receded, leaving a large portion of bone exposed, a portion of which necrosed and was removed. The edges of the skin were freshened and sutured and eventually healed, and he left the hospital well, but with much scarring, and with a large defect in the skull.

CASE II.—Fracture of right parietal bone, compression of brain, paralysis, trephining, recovery.

Chas. M., white, aged 31, admitted July 22, 1892. Discharged August 29. He was brought to the Hospital in a comatose condition after falling from a second story window to the ground. There was no scalp wound, except a contusion, with much edema, also an abrasion on left shoulder and right hip. The nasal and abdominal reflexes were abolished, but the conjunctival was present. No priapism, urine and feces retained, pulse good, respiration abdominal. He had been drinking. The unconsciousness continued and twitching of face muscles and sterno-cleido-mastoid occurred. Both upper and lower extremities became paralyzed on left side. As his symptoms passed from those of concussion to those of compression, operation was undertaken July 30. Trephine was applied over the motor area, and, after removing the button of bone and incising the dura mater, a quantity of liquid blood escaped in a spurt as if under pressure. The middle meningeal artery was cut and ligated, a drainage tube was inserted and the scalp sutured; the button of bone was not replaced. Within an hour after operation there was some improvement in his condition and pinching his toe was followed by reflex or voluntary motions. He improved rapidly and on August 12 was walking about and talking rationally. He was discharged on August 29 with a clear mind but some wrist drop, which was thought to be due to a local nerve injury. I have seen this man frequently and he is following his old occupation of furniture mover. He has had some epileptic seizures, which were much better when I last asked him about it. The right parietal bone was fissured but not depressed.

CASE III.—Simple fracture of skull. Mental aberration and hemiplegia. Trephining. Improvement.

H. S., colored, aged 53 years, was admitted on August 20, 1892. He was struck by a train on the Annapolis Short Line Railroad whilst crossing a trestle and fell with the car a distance of twenty feet. He was in an unconscious condition when brought to the Hospital and was much shocked. He was put to bed and whiskey given hypodermically every twenty minutes and grain $\frac{1}{120}$ strychnine sulphate, alternating with grain $\frac{1}{100}$ nitro-glycerine administered subcutaneously every two hours. Upon examination a scalp wound and a non-depressed fracture of the skull was found, besides a few minor wounds about the face. The right eyelid was swollen and the nose bleeding. The wounds were dressed antiseptically. The patient lay in one position for two days, the bowels and urine passed involuntarily. He remained unconscious for seven days and then began to take some notice. Hemiplegia was now observed and on September 3 I trephined and removed a large button of bone from over the motor area without discovering any pathological condition, except a rather free flow of cerebro-spinal fluid. Within five days his mind was nearly clear and he could soon walk around the ward. He was discharged on October 30 with his mind much improved and his hemiplegic symptoms nearly gone.

CASE IV.— Compound, comminuted depressed fracture of skull with partial paralysis of leg. Trephining. Cure.

E. D., German, aged 44 years, fireman on a steamship, was admitted November 15, 1893. On November 3 he was struck by an iron ash bucket on the top and left side of the head, causing a large scalp wound. He fell to the deck and on attempting to rise found that his right leg dragged and he was unable to raise the right foot. His surgeon made light of the injury and the man was not sent to the Hospital until the lapse of twelve days. As he did not improve,

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trephining was done on November 24, 1893, two buttons of bone being removed in order to allow the raising of eight pieces of tightly depressed bone, which had been driven in on the brain just to the left of the superior longitudinal sinus, over the leg center. The sinus was torn and considerable bleeding occurred, which was controlled by packing with gauze; the trephine buttons were re-implanted but had to be removed subsequently. The paralytic symptoms soon entirely disappeared and the patient left hospital on February 2, 1894, cured.

I do not desire to make any extended remarks in regard to these cases but will merely call attention to a few facts in connection with them. Case I teaches us not to despair of any injury to the head and to use our best efforts for the relief of the patient. This patient was also much under the influence of liquor when he had received his injury and such patients do not seem to suffer from shock to the same extent as others who are injured whilst sober. Dr. Stephen Smith of New York makes use of this fact and when about to perform serious operations has his patients brought under the moderate influence of alcohol in advance.

Case II had likewise been indulging in liquor. His symptoms were first those of concussion, but later showed evidences of pressure and his paralytic symptoms were at once relieved when the skull was trephined, and some blood allowed to escape. He suffered subsequently from epileptic seizures. It is difficult to ascertain whether Case III was benefited by the trephining or whether he would have recovered equally as well without, but I am of the opinion that the operation was salutary in its effect.

In regard to Case IV there can be no doubt, a depressed fracture, impinging upon the leg center and causing a paresis of the right leg, was followed by almost immediate relief, after trephining and elevation of the depressed fragments. I think we may learn a lesson from these cases, to operate early when symptoms arise referable to pressure on the brain, whether a depression can be felt or not and if a depression does exist, operate whether compression symptoms are present or not. Do not give them a chance to occur.

A CASE OF PUERPERAL SEPSIS—ILLUSTRATING THE ADVANTAGES OF LOCAL TREATMENT.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY MAY 14, 1895.

By William S. Gordon, M. D.,

President of the Richmond Academy of Medicine and Surgery, Professor of Physiology University College of Medicine, Richmond, Va.

Mrs. ——, a primipara, twenty years of age, was taken in labor on the morning of March 17. The pains were irregular; but her health had been excellent in every respect, and at the onset of labor no untoward symptoms were present; her temperament, however, was excessively nervous and apprehensive.

The pains were inefficient, almost becoming suspended, and I was not summoned again until 2 A. M., on the 18th, when the symptoms still pointed to a protracted labor. I returned at 8 o'clock, and, for the first time, made a vaginal examination, finding the bag of waters ruptured and the head well down, but engaged in a rigid and incompletely dilated os. Believing that I would have some trouble, I called in Dr. Hugh M. Taylor, and, in the meantime, gave sufficient chloroform to deaden the pains. By the time Dr. T. arrived the os had relaxed slightly under the anesthetic, and the head was somewhat advanced; but the progress of the case was very slow, and our decision was to deliver with the forceps. This was done under anesthesia very skilfully by Dr. T., with only a nick in the commissure, which was slightly enlarged by the passage of the shoulders.

In about ten minutes I expelled the

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placenta into the vagina by Credé's method, and traction on the cord completed the delivery.

Immediately afterwards, there was profuse hemorrhage, which was attributed to a cervical tear; but in spite of all effort to locate the lesion, we were frustrated on account of the free bleeding and the weakness and shock from which the patient suffered.

The hemorrhage was checked with hot water and ergot; recurred subsequently during an examination of the cervix, and was checked again by hot water. We then decided to do nothing more until the next day, when Dr. Taylor closed a moderate tear in the cervix with two sutures. The os had a boggy, bruised, mottled look, which neither of us liked. The lochia were normal.

When I called on the morning of the 20th, the patient informed me that she had had a chill at 2 A. M. I found considerable tenderness over the womb, tubes, and ovaries — the left side especially — and the temperature 103⅘°. Epsom salt was ordered to free purgation, turpentine stupes were applied, and carbolated vaginal injections used. In the afternoon, the temperature had fallen two degrees.

March 21.— Temperature about the same the whole day.

22nd.— Temperature 103° in the evening. Dr. Taylor saw her with me. No change made.

23rd.— Temperature 104⅘° in the morning. Stitches removed; womb curetted, flushed out with bichloride solution and Blair's chloral thymol, and packed with iodoform gauze saturated with iodoform and glycerin. In four hours the temperature fell to 103⅘. Stimulants and quinine were given.

24th.— Temperature 103⅘° at 10.30 A. M.; 102° at 5 P. M.

25th. — Temperature 104° at 11 A. M. Womb flushed out and repacked at 2 P. M. Temperature 104° at 7 P. M.

26th.— Temperature 102⅘° at 11 A. M. 104° at 5 P. M. Tenderness and hardness not so marked. Womb repacked.

27th.— Temperature 101° at 11 A. M.; 100½° at 5 P. M. Womb repacked. Much less tenderness. Chill, with temperature 103⅘°, soon after the packing. This was due to shock. Temperature normal at 11 P. M.

28th.— Temperature 100° at 11 A. M.; 103⅘° at 5 P. M. Gauze removed. Temperature 103⅘° at 8 P. M.

29th.— Temperature 100⅘° at 10 A. M. No pain. Temperature 102⅘ at 5 P. M. Only vaginal douche used, the womb having contracted quite firmly.

30th.— Temperature 98⅘° at 11.30 A. M. 98⅘° at 5 P. M. No local treatment.

31st.— Temperature 99° at 12 M. Slight chill in the afternoon.

April 1st.— Temperature 100° at 12 M.

2nd.— Temperature 98⅘° at 12 M.; 99° at 6.30 P. M.

From this time convalescence was well established, and the patient has made an excellent recovery.

This was a case of puerperal sepsis, manifesting itself in metritis, salpingitis and ovaritis. Although the patient's pulse and facial expression were good throughout the whole course of the disease, there was decided lymphatic involvement and blood contamination, causing several hemorrhages from the nose. Neither Dr. Taylor nor I was guilty of any known sin of omission or commission so far as the cause of infection was concerned.

An interesting question to ask is, whether the os should have been sewed up at once, or at all. The shock and exhaustion due to hemorrhage predisposed the patient to infection, and my belief is that the wounded os was the source of the trouble.

The main lesson to be learned from this case is the value of local treatment in puerperal infection. A certain amount of good was done by tonics, stimulants, full feeding and careful attention; but in my opinion the patient's life was saved by the surgical measures which Dr. Taylor wisely suggested, and, for the most part, skilfully executed.

The rapid subsidence of the hardness, tenderness and pain was far from what we expected; and although we could hardly hope for perfect tubes after such damage, still it is too early to say exactly what benefit may not be derived from tonics and absorbents. The pa-

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tient has been walking for several weeks, and is improving daily, while, at my last examination, the induration on the left side had decidedly decreased.

There were two other important lessons taught by this case. One was, never to trust vaginal douches to an untried monthly nurse, no matter what her reputation may be; and the other was never to delay local measures when the temperature, after a reasonable interval, does not decline. I am no routinist, for each case must be met with its own indications; but I am firmly convinced that the various forms of puerperal fever have largely a local starting point, and that the water must be thrown where the fire originated, and where it continues to burn the brightest. It would be well if women could behave as animals after labor, walking about and draining thoroughly, instead of lying down with a torn cervix dipping into a pool of pent-up lochia.

WOUNDS OF VULVA FROM FALLING ASTRIDE.—Taffier and Lévi (*British Medical Journal*) have prepared an instructive article on this subject illustrated by drawings of dissections of the vulva relations when the subject is erect. The urethra is rarely injured. The bulb and surrounding venous plexuses are often torn and bleed very freely. Not rarely the skin and mucosa remain intact. Then a thrombus forms which may burst or harden, or suppurate or end by becoming a cyst. Skin wounds inflicted by a sharp object on which a woman falls astride seldom run from without inwards. More often the inner side of the vulva is wounded and the hard ramus of the ischium prevents retraction of soft parts, hence dangerous hemorrhage may occur. It is, however, generally venous. To check hemorrhage firm pressure is unsuited on account of the extreme tenderness of the parts. Compression by antiseptic gauze is the best way to stop the bleeding. Indeed, as recurrence is very common, it is best always to compress a contused wound. The thighs must be tied together and a catheter retained or frequently passed.

* * *

CHRONIC SEMINAL VESICULITIS.—Chronic seminal vesiculitis as a result of an old gonorrhea is a disease difficult to treat. Dr. Edmund E. King of Toronto, in a short paper read before the Ontario Medical Association and published in the *Canadian Practitioner*, relates several cases with his method of treatment which consists principally of deep urethral injection of solution of silver nitrate not more often than every fourth day. His conclusions are:

1. That seminal vesiculitis is an analogous disease with salpingitis.
2. That it is of very frequent occurrence.
3. That it is the so-called cystitis, prostatitis and prostatic abscess that follows gonorrhea.
4. That, with proper treatment, it is a curable disease.
5. That it is easily recognized per rectum.

* * *

PAROXYSMAL HEMOGLOBINURIA.—Chauffard, at the Société Médicale des Hôpitaux (*British Medical Journal*), related a case of paroxysmal hemoglobinuria from cold. Ehrlich's experiment was repeated, that is, blood was examined from the two hands, one having been exposed to the air, the other tightly ligatured at the wrist and exposed to iced water fifteen minutes. In the latter the serum was a pinkish cherry color, while in the former it was yellow. The clot did not redissolve in either case, as it should do in an attack of hemoglobinuria. This is explained by supposing that a central nervous disturbance is required in addition to exposure to cold for the production of a typical attack. The relation to the nervous system was shown by this case, for the exposure of the hand isolated by ligature to intense cold produced all the prodromal symptoms and premonitory albuminuria of a general attack. The mode of action and the path taken by the nervous reflex are uncertain, but that some nervous reflex is the starting point of the chemical process which results in an attack of hemoglobinuria seems clear.

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SOCIETY REPORTS.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD MAY 14, 1895.

Dr. W. S. Gordon, the President, read a report of a CASE OF PUERPERAL SEPSIS, ILLUSTRATING THE ADVANTAGES OF LOCAL TREATMENT.

DISCUSSION.

Dr. H. H. Levy said that in many instances he had followed the line of treatment laid down by the President; but in many other instances, this plan could not be followed. Each case required a certain course according to indications.

Dr. Hugh M. Taylor said it had been his misfortune (he looks upon every such case as a misfortune), to see in consultation three cases of puerperal sepsis. There was no disease he more feared, none he endeavored more to prevent, and none that he thought called for more decided radical treatment. In most of the cases that had come under his observation, he could assign the focus of infection to cervical laceration. He thought if some of those who advocated the do-nothing policy would look at some of these infected lacerations, mark how nearly they approach in appearance a foul, swollen, sloughing, infected sore seen elsewhere, they would appreciate the importance of rendering aseptic such a wound. If they should, remember that a continuous mucous membrane and rich lymphatic circulation present a most favorable condition for extension of the local septic condition and general septic infection. When sepsis originated in, or extended to the uterine cavity, its mucosa became pus-secreting, a condition of septic phlebitis and lymphangitis ensued, foci of septic infection occurred in the uterine walls, and extension to the tubes and their peritoneal investment was not infrequent. The sooner we look upon such a cavity as a pus-secreting and pus-retaining cavity, the quicker will be our appreciation of the importance of directing all our efforts towards removing necrotic tissue by curettement, and debris, by irrigation and drainage. Not until the focus of sepsis is destroyed by sterilization can we hope to tide the patient along until the absorbed poison is eliminated.

Dr. J. S. Wellford thought that the tendency was toward meddlesome midwifery. The use of the forceps, douches, packing, curette, interferes with the processes of nature, which is fully capable of taking care of itself, and the introduction of sepsis is the result. He did not believe there was danger of sepsis from a tear, unless it be a large one. In tamponing the uterus we dam up every means of outlet, thereby bringing about trouble. We try to do too much. Some conservatism is necessary.

Dr. Taylor:—The tendency on the part of surgery to invade the domain of midwifery has been often decried. Meddlesome midwifery and masterly inactivity embody principles as potent for harm as for good. There is a time to hold hands off, *i.e.*, in the first stage of labor and in all stages where Nature is equal to the task of delivery and subsequent restoration to health.

Twenty years ago, the clarion voice of the teacher of obstetrics rang out in opposition to "meddlesome midwifery," and in favor of masterly inactivity. No words in the English language, perhaps, have done as much harm. Under the guidance of such teaching, prolonged, exhausting labors; impacted pelvis; contused, sloughing soft parts; sepsis and dead children frequently resulted.

Masterly activity, when Nature is unequal to the task, is the order of the day, and has almost banished that miserable trouble, vesico-vaginal fistula, and many other post-parturient ills.

MARK W. PEYSER, M. D.,
Secretary.

A School of Medical Hydrology has been opened at Luchon, in France. It possesses a good laboratory and nine professors on the teaching staff.

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MEDICAL PROGRESS.

GASTRIC ULCER. — Podres (*British Medical Journal*) holds that in cases of purely cicatricial affections of the pylorus, particularly when associated with extensive adhesions, better results can be obtained by Loreta's operation than by gastro-enterostomy. A case is reported of a man, aged 34, who for two years had suffered from vomiting after meals, sharp pains in the region of the pylorus, and constipation. On performing laparotomy, the author found that the pylorus and duodenum were enclosed and bound down by extensive adhesions. On incising the front wall of the stomach, at a point about 2½ inches from the pylorus, he made out (1) a circular ulcer, the base of which occupied a portion of the pylorus and a corresponding part of the smaller curvature, and (2) extensive cicatricial degeneration about the pylorus, so that only the tip of a pair of dressing forceps could be passed into the duodenal opening. This opening was gradually stretched by passing at first the forceps and afterwards one and finally two fingers. The base of the gastric ulcer was then scraped with the fingernail and a sharp spoon. The wound in the stomach was closed with Lembert's sutures. The vomiting and pain ceased after this operation and the patient speedily recovered; he regained appetite and was able to sleep well, and when last seen, five months later, had increased in weight.

* * *

THE BICYCLE FROM A SURGICAL STANDPOINT.—From the medical point of view, says the *International Journal of Surgery*, this subject has chiefly been discussed in connection with the effects of over-exertion. The latter are well known, are observed in every form of out-door exercise, and form, with the greatest propriety, a text for warnings the neglect of which may bring about, in some instances, quite serious results.

As surgeons, the important question to us is whether bicycling has a tendency to bring about any peculiar bodily malformations due to its use, whether moderate or excessive, and to cause any distinct surgical diseases.

In the very first place we must speak of the leaning-over indulged in, to a greater or less degree, by the majority of wheelmen. It would necessitate the printing of many and corpulent volumes to reproduce all the exaggerated and nonsensical statements that have been published in reference thereto. As a matter of fact, the writer, whose experience with bicycles dates back nearly a quarter of a century, is convinced that an absolutely erect position of the body, while riding a bicycle, is a mistaken one and is fraught with possibilities for harm. Sitting absolutely straight in a bicycle saddle tends to throw all the weight upon the rider's seat, whereas a certain amount of leaning forward distributes the weight more evenly, as the shoulders then bear an appreciable amount of the burden. A moderate amount of bending forward facilitates the steering, gives better play to the pull of the arms upon the handles, and allows of greater force being applied to the pedals. An exaggerated leaning forward may certainly produce a gradual vertebral displacement and is decidedly ungraceful.

If a race meet is attended, and the interested looker-on closely observes the athletic contestants, he will certainly notice that they are as straight and well set-up a lot of young men as can usually be seen, and that their bent positions appear to be entirely reserved for the actual riding time. Now that nearly every young man, and a good many old ones, ride, we will certainly occasionally see cases of spinal difficulty in bicyclists, but we will have to use caution in asserting that the wheel itself has been at fault. A hump-backed gentleman of our acquaintance, who rides a wheel and enjoys it greatly, told us the other day that on several occasions he had been asked if the wheel had not "done it," and that he has been pointed out as an awful example. But as his hump dates back from his nursing days he continues his riding.

Upon somewhat better ground attention has been called to the possibilities

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of rectal and prostatic troubles due to bicycle riding. The writer feels justified in saying that such troubles rarely occur as a direct result of wheeling. Hemorrhoidal troubles are so nearly universal in men that caution is needed in ascribing their occurrence to the use of the bicycle in every instance in which they happen to a rider. It is easily conceivable that if the saddle or the clothes worn by the rider chafe or irritate the peri-anal region, in an individual whose digestive organs are not in good order, an attack of piles may occur.

As for prostatic troubles, we have been assured that some have been observed as direct results of riding. In our long experience of wheeling we have failed to see any such cases, but there is good reason to believe that caution is necessary in advising male adults to ride, and that the existence of prostatic trouble should be a signal for giving up the wheel.

* * *

JACKSONIAN EPILEPSY FROM OLD CEREBRAL ABSCESS.— Dr. Lepine has recorded in the *Lancet* a curiously interesting case of a woman aged sixty-two who, ten years before her admission to hospital, had had a series of convulsions with loss of consciousness, and these were succeeded by left hemiplegia, which lasted fifteen days. Since then she had had frequent attacks, which had been regarded sometimes as Jacksonian attacks, sometimes as hysterical. In December last she had one day several attacks, and these continued to recur day after day. There was loss of consciousness in the severe ones, but there were also slighter ones in which there were jerkings of the fingers and forearm, but no loss of consciousness. On the day after her admission, following a severe attack, left hemiplegia was noted affecting both arm and leg, but sparing the face. The attacks came on more frequently, and although bromides lessened their severity it did not control them, and the patient gradually sank and died. At the necropsy it was found that in the right frontal lobe, rather nearer to the anterior border of the hemisphere than to the fissure of Rolando, there was a cyst two to three centimeters in diameter with caseous contents. It was, in fact, apparently a cold abscess, and there seems every reason for believing that it must have existed for the ten years during which symptoms, only explicable on the hypothesis of such a lesion, had been present.

* * *

UTERINE GONORRHEA. — Wertheim (*British Medical Journal*) believes that next to the urethra the uterus is the most common seat of gonorrhea. The germ sets up true acute interstitial endometritis; in chronic disease the glandular tissue of the endometrium is greatly increased. The muscular coat is often involved, and a kind of sclerosis of the vessels occurs, whilst the connective tissue undergoes hyperplasia at the cost of the muscle cells. Gonococci are usually to be found in the inflamed mucosa, yet sometimes they are entirely absent, and they rarely, if ever, can be detected in the exudations in the muscular coat. The os internum offers no protection to the entrance of gonorrheal poison into the uterine cavity. The cervix is less involved, and the disease is always least marked nearest the os externum. The puerperium is the most dangerous condition when gonorrhea exists in the genital tract lower than the uterus. Menstruation, coitus, and the sound are much less liable to expose the uterine cavity to gonorrheal infection.

* * *

BLOOD SERUM THERAPY.—The use of blood serum as a therapeutic agent is receiving much attention just now. Dr. G. Fütterer of Chicago gives in *Medicine* a history of its development and uses and lays down the following conclusions:

1. The preventive vaccination against smallpox has been practically proven beyond a doubt, and in diphtheria to a certain degree. So the principle represented must be accepted.

2. The antitoxins which cause immunity are products of toxins of bacteria, formed in the blood of the animal body.

3. We do not know the process of the

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formation of those antitoxins, and Buchner is of the opinion that we do not know their chemical nature. While they may stand in a certain relation to albuminous bodies of the blood, this relation is not close, as these albuminous bodies may be precipitated, thus proving that they themselves contain only a very small amount of antitoxic substances, certainly much less than the previous solution as a whole. The opinion of Buchner, who believes in the existence of an albumen in a live state, must also be wrong, as the serum containing the antitoxine can be mixed with solutions of carbolic acid or other solutions which destroy animal life, and be kept mixed with them for any length of time, without losing its antitoxic properties.

4. Metschnikoff's phagocyte theory we consider also unsatisfactory, for reasons mentioned above, and because if we expose a mixture of serum and phagocytes to the freezing process and thaw again, our mixture will not have a stronger antoxic effect than before.

5. Favorable results have been obtained by using antitoxines for curative purposes in diphtheria, tuberculosis, syphilis, tetanus, cholera, typhoid and other diseases.

6. There is no absolute natural or artificial immunity. If immunity is not always conferred by an attack of smallpox, we certainly cannot expect such a result in diseases like diphtheria by artificial immunization. There is no absolute artificial healing, but the lower death rate which we have had reported so far may yet be decreased by using mixed antitoxins to also influence the streptococcus and staphylococcus, and in rarer cases the pneumococcus, and by a more correct dosage.

7. The antitoxin in diphtheria alters the local diphtheritic process and the general condition in a favorable way. Intubation and tracheotomy are less frequently needed, on account of the favorable influence of the antitoxin on laryngeal stenosis. The prognosis of these operations, especially the former, has improved under the use of antitoxin.

8. Although we have after-effects by the use of antitoxins, it may be said that exanthemata are not dangerous; albuminuria as observed in our cases has been generally transitory, except in one case, and it is hard to tell whether albumen had not been present in a great number of cases before the antitoxine was used, and even if it came after whether it was caused by it or not; the cases of paralysis of the soft palate are also a little doubtful in their explanation —as this diagnosis is often made in diphtheria where only a firm exudate stiffens the palate, and in the cases reported who can tell whether diphtheria itself caused paralysis? Graver symptoms were observed in one of our cases in the form of a gastro-enteritis and nephritis, but even if we lay it to the use of the antitoxin it is only one case out of nearly four thousand, and of no account if we remember the comparatively low death rate achieved by the use of antitoxin.

9. The birthplace of the antitoxins and their mode of forming are, so far, unknown; but I believe, with Roux, that they are produced by cells, but certainly not by the white blood-corpuscles.

I firmly believe that in antitoxin we have a therapeutic agent of no transitory importance and value. It will find friends and enemies like vaccination. But what do the latter amount to? There are enough physicians whose logical thought and never-tiring, able work will bring truth to light, and enough physicians whose intelligence will show them the good as soon as it comes and who by the strength of their conviction will become strong apostles of the truth.

* * *

UREMIC PERICARDITIS.— Dissy (*British Medical Journal*) reports the case of a man, aged 48, who died of uremia. At the necropsy there was found slight increase in the pericardial fluid, which was opaque from contained cells and small fibrinous floccules. Both layers of the pericardium had lost their smooth glistening appearance, and presented small reddish points covered here and

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there with a layer of fibrinous material. The heart was hypertrophied, especially the left ventricle. No valvular lesion but the aorta and coronary arteries were atheromatous. Small white granular kidney with signs of extensive arteriosclerosis. Bacteriological examination of the pericardial fluid was negative. No micro-organism was found by any of the various methods employed. Banti calls these non-bacterial cases of pericarditis uremic; he has collected five other similar cases, and supposes that they arise from the effect of some one of the poisons circulating in the blood in the uremic condition.

* * *

THE INFANT POOR IN SUMMER.—With the advent of the hot weather, says the *American Medico-Surgical Bulletin*, comes the ever-recurring question of the protection of infant life during the heated term. The adult poor suffer severely in our large cities, but it is a question whether the sum of infant suffering does not far exceed that of their elders. Ignorance and superstition, neglect and mistaken kindness, combine to make their lot a very unhappy one. Older children following their instincts may adapt themselves to their surroundings and can make known their wants, but fortunate indeed is the waif toddling about in scanty rags, whose very rents serve for ventilation, beside the unfortunate infant whose band and pinning blanket are tightly adjusted in a refinement of precision and torture for the child, but to the eminent satisfaction of the elderly midwife or ignorant mother. If under these tight and unyielding layers the perspiration starts freely and heat-rash develops, or the folds of the groin, buttocks, or axilla become erythematous, they will probably be powdered with plain starch, which soon makes a sour decomposing paste, or with fuller's earth, whose dry lumps intensify the irritations. If the infant fails to appreciate its blessings and ventures to express its disapprobation it is rocked or jolted in the hot arms of the attendant until the perspiration starts afresh with the unwonted exercise. If the hot weather cause gastric uneasiness, the child's cry is invariably interpreted as a sign of hunger and more food is given at short intervals and in larger quantities, only to increase the existing trouble.

It is one of the things inexplicable, that the infant organism and its needs are judged as things apart by the ignorant classes and that the simplest deductions from their own adult experience are not only not applied, but directly contradicted in the care of their children. In hot weather the mother hastens to assume her thinnest garments, but continues often to dress the infants in a manner she herself would find intolerable. She may know the relief to be gained from spongings with cool water, but it never occurs to her to apply it to the baby at any other time than that of its daily bath. She is conscious that many things disturb and irritate her physically but the cry of the child can have but one cause — hunger. Although suffering from anorexia and eating very little herself, she continues to stuff food into the child. Despite her own thirst she needs to be told by the physician that the infant may often be thirsty and not hungry, requiring water instead of food.

Children are often brought to us in the hot months by alarmed parents because there is temporary anuria, and inquiry almost invariably elicits a history of excessive perspiration and insufficient ingestion of fluids, very probably no water having been given at all. Painful micturition from increased acidity, temperature, irritability, and even somnolence, often accompany this condition and disappear like magic when water, the simplest of nature's remedies, is given. Century after century has rolled by and civilization has brought much enlightenment, but it is doubtful whether the intuitive knowledge of how to care for their children is any greater among the lower classes than it was a thousand years ago. It can only be through the patient and reiterated instructions of the physician that these simple principles can be inculcated and the unnecessary suffering of infant humanity alleviated.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, AUGUST 24, 1895.

The New Insane Asylum.

In a report presented to Governor John Lee Carroll in July, 1877, by Dr. C. W. Chancellor, Secretary of the State Board of Health, upon the public charities, reformatories, prisons and almshouses of the State of Maryland, is contained some very interesting and suggestive statements. The facts as shown by Dr. Chancellor at the time might well have been received with surprise and indignation by the citizens, and should have awakened in the official minds to whom addressed a degree of activity sufficient to in part at least ameliorate the condition of the insane as reported by Dr. Chancellor. Dr. Chancellor says, "It is painful to report the shocking condition in which many of the public institutions are found, and it is difficult to conceive that anything worse ever existed in a civilized country." Here truly was an indictment which should have aroused instant attention on the part of the State, but sad to say little or nothing was done and the condition of affairs today may be safely presumed to be little if anything better than that found by the Secretary of the Board of Health.

At the date of Dr. Chancellor's report there were in the State Asylum 229 patients, in private asylums (Mt. Hope) 302, in almshouses and jails 520; total 1051. It will be seen that the insane under care in the State were almost equally divided between Spring Grove and Mt. Hope on the one hand and the almshouses and jails on the other; we have said under care, and the "care" the half in almshouses received may be judged from the following quotations from the report in question. Page 107: "One insane woman was found on a mattress and chained to the floor." Page 120: "Several of them (the insane), however, were violent, noisy and dirty in their habits; three of this class were women, all of whom were chained by the ankle to the floor. The use of chains as a means of restraint has heretofore been commented upon as unnecessary in any and every case; besides being positively injurious, both mentally and physically. Such treatment is humiliating, and however insane the patient may be, he is yet conscious of the degradation."

These are some of the least damnable of the items in Dr. Chancellor's indictment of the almshouse care of the insane of Maryland. Some of his statements will hardly bear repetition, but the following shows one of the causes and one of the most easily preventable causes of the increase of mental disease in the State. Page 110: "There are two instances in this almshouse in which the mother and children were born in bastardy under its roof. One an idiotic white woman, forty years of age, herself born in the almshouse, has given birth to six children in this institution; another, a white woman aged thirty-five years, insane, whose mother still resides in the house, has borne two children here; and still another insane white woman is the mother of a half negro child, begotten and born in the institution. These are not the only examples of a similar kind which could be cited. And the same almshouse care is in vogue today, and in all probability the same conditions exist."

What do the figures of the Lunacy Commission show today? Its last report, December 1, 1894, shows as nearly as can be ascertained from its somewhat contradictory and unsatis-

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factory tables that there are in the institutions and almshouses of the State, 2287 insane and idiotic; of these the proportion in almshouses still comprises nearly one-half, viz., 1054.

The general condition of the insane of the State is, according to the report of the Commission, "in the main satisfactory," though it is admitted that "much, however, yet remains to be done."

It is impossible to learn from the last report of the Commission how many new cases have been admitted to the asylums and almshouses of the State during the fiscal year which it covers, nor can a correct estimate be made of the increase, if any, of the number of insane under care from 1877 to 1894; as will be observed, the number has, however, more than doubled.

What has the State done in this matter? What have those charged with the supervision of this most unfortunate class urged? Practically nothing. As the JOURNAL has before pointed out it remained for the members of the State Society to urge upon the legislature that some action be taken to relieve these unfortunates and remove the stigma of inhumanity which must rest upon our citizens as long as their present treatment continues.

Reluctantly and with unseemly exhibition of much public and private wire pulling and bargaining for the location of the new institution when established and the possible control of its patronage, the legislature made a meager appropriation and appointed a Commission to select a place and build a new institution. Nearly two years have passed and nothing has been done. Is it possible that in all this fair State no position can be found within the limitations placed upon the Commission? What influence has led to this inexplicable and unnecessary delay?

Do the Governor and the gentlemen associated with him appreciate the condition to which this delay is condemning hundreds of their fellow citizens? Does he know from actual inspection the condition of the insane in the almshouses of the State? What medical care do they receive, what nursing, what night supervision? How much of restraint, with straight jackets and camisoles, aye, even with chains, is to be found among the unfortunate insane in these receptacles for misery and misfortune? If he wants a picture of what no doubt exists today, as it did in 1877, let him read Dr. Chancellor's report. Action! gentlemen of the Commission, action! If not, the citizens of the State will hold you accountable for every hour that this disgrace continues.

* * *

The Body Temperature.

THE study of the body temperature in health and in disease has resulted in certain data, which are used in every day practice. One point is that the normal temperature for this part of the country is about 98.2°F., while in fever the thermometer may register up to the absurd figures recorded by gullible observers on clever and hysterical patients.

The temperature of the inner part of the body is rarely found, because it is seldom possible to take it beyond a few inches in the mucous entrances to the body. In the mouth it does not register quite as high as in the rectum, and in the latter place the record is more accurate, because there is no breath to affect it at that place. Some have tried to make patients pass water on a thermometer in order to obtain the temperature of the interior of the body. That, however, plausible as it may sound, is very unreliable.

There is recorded in the *New Yorker Medicinische Monatschrift*, a case by a Dr. Toubin of a prisoner who in his cell swallowed one day an iron teaspoon and the thermometer which had been used that day to take his temperature. It was a clinical thermometer with registering index and was about four and a half inches long and three-quarters of an inch thick. Nine days later he passed both the spoon and the thermometer by the rectum. During the whole time the thermometer was in the body the temperature was taken in the axilla and the highest point reached there was 98.9°, while the thermometer passed showed a register of 101.6°, as the highest somewhere in the body.

In the present day it would be and is an easy matter to measure the temperature in the stomach and it would be done often if it had any practical advantage over that taken in the axilla or elsewhere, but this record taken from the interior of the body, while of no especial practical importance, is worthy of record as showing the varieties of temperature within and outside of the body. The case is looked on as authentic and the facts are vouched for.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 17, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		11
Phthisis Pulmonalis		16
Measles	7	2
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria.	5	4
Mumps		
Scarlet fever	4	1
Varioloid		
Varicella		
Typhoid fever	12	5

Dr. George B. Fowler has succeeded Dr. Cyrus Edson as Health Commissioner of New York City.

Dr. C. H. Jones has removed to 812 West North Avenue, between Linden Avenue and Bolton Street.

The *Southern Medical Record* has passed under the control of Dr. Bernard Wolff of Atlanta, who will hereafter edit it.

At the York Medical Society an annual prize is offered for the best impromptu speech before that society.

The twenty-sixth annual session of the Medical Society of Virginia will be held at Wytheville, beginning September 3.

There are now 1,620 boards of health in Ohio. This gives an army of about ten thousand men actively engaged in fighting disease.

During July the milk inspectors of Baltimore spilled 554 gallons of condemned milk and three arrests for the sale of impure milk, were made. Five thousand nine hundred and forty pounds of meat were condemned.

A dental department of the Baltimore Medical College has been established in the large three story building known as the Friend's school house, near the corner of Eutaw and Monument Streets. A dental infirmary will be conducted in connection with the department.

F. W. R. Waring, of Yonkers, New York, was recently sentenced to six months' imprisonment and required to pay a fine of fifty dollars for practicing medicine illegally. This individual has been warring on legitimate medicine for some time, and had been fined $100 in 1887, and served a term in Sing Sing in 1889, for a like offense.

Dr. James W. Eichelberger, the oldest citizen of Emmitsburg, Md., died suddenly last week in his ninety-second year. He had been in feeble health for some time, owing to his advanced age, yet his death was unexpected. In 1827 he graduated in medicine at the University of Maryland, and continued in active practice until his health would no longer permit.

When cholera prevailed in France two summers ago, says the *Medical Record*, the health authorities sent word to the mayor of a village in the threatened district to prepare for the disease. After a while he reported that he was ready, and upon inquiry being made as to what precautions had been taken, it was learned that a sufficient number of graves had been dug in the cemetery to bury every man, woman and child in the village.

The eighteenth annual meeting of the Pennsylvania and Maryland Medical Union Association will take place August 29, at Columbia, Pa. Dr. George H. Rohé of Spring Grove Asylum, Catonsville, Md., is President of the Association, and Dr. John K. Lineweaver of Columbia, Pa., is Secretary. The executive committee is as follows: Dr. Alexandria Craig, Columbia; Dr. A. C. Wentz, Hanover; Dr. J. H. Jamar, Elkton, Md.; Dr. I. Reiley Bucher, Lebanon; Dr. W. M. Weidman, Reading; Dr. Edward Jackson, Philadelphia; Dr. F. Gillespie, Oxford, Pa.

The prevalence of scarlet fever at Seattle, Washington, recently caused the Board of Health to order the closing of the schools. The principal refused to obey the mandate, and requested the pupils to enter, despite the presence of the heath officers. The children took possession of the school, gaining entrance at the doors and windows, and maintaining their position by hurling missiles at the officers and subjecting them to a stream of water from the hose with which the school is provided. Order was not restored until noon, when the principal was arrested and the building evacuated.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending August 19, 1895.

The leave of absence granted Captain Junius L. Powell, Assistant Surgeon, United States Army, is extended one month.

UNITED STATES MARINE SERVICE.

Fifteen days ending August 15, 1895.

Eugene Wasdin, Passed Assistant Surgeon, granted leave of absence for ten days, August 1, 1895.

L. L. Williams, Passed Assistant Surgeon, to proceed to South Atlantic Quarantine Station for temporary duty on being relieved by Assistant Surgeon E. Prochazka, August 6, 1895.

W. P. McIntosh, Passed Assistant Surgeon, granted leave of absence for thirty days from September 1, 1895. August 5, 1895.

G. M. Magruder, Passed Assistant Surgeon, to assume command of smallpox camp, Eagle Pass, Texas, August 10, 1895.

H. D. Giddings, Passed Assistant Surgeon, granted leave of absence for thirty days on being relieved by Passed Assistant Surgeon L. L. Williams.

B. W. Brown, Passed Assistant Surgeon, to proceed to New London, Conn., as Inspector, August 15, 1895.

M. J. Rosenau, Passed Assistant Surgeon, to proceed to Eagle Pass, Texas, for temporary duty, August 4, 1895.

Jos. A. Nydegger, Assistant Surgeon, to assume charge of Detention Camp, Waynesville, Ga., in addition to other duties, August 14, 1895.

E. Prochazka, Assistant Surgeon, to proceed to Charleston, S. C., for temporary duty, August 6, 1895.

BOOK REVIEWS.

THE EYE IN ITS RELATION TO HEALTH. Pp. 207. By Chalmer Prentice, M. D. A. C. McClurg & Company, Chicago, Publishers.

Next to the title is a page devoted to this observation: "New theories that are true meet all their opposition from those who misunderstand them." On page 40, printed in small capitals, is this: "Health is normal or hygienic physiological function.

"Disease is localized abnormal innervation and always central in the nervous system, being a lack or excess of motive force." Again, on page 41: "What is termed organic disease really consists of some lesion of the parts which is the result of continued imperfect or erratic function . . . not disease, but the result of disease. The growth of tumors is due to abnormal innervation. . . . an excess of assimilative nerve force." Farther down on the same page: "A lesion is always a result and not a cause. It may be the source of a still further reflex disturbance but back of all of these conditions is abnormal innervation." On the following page: "The intent of this work is to treat of nerve impulse, its equilibrium or balance in health, and its lack of balance or irregularity in disease. In speaking of eye strain, I always mean lack of balance in the nerve impulses of the eyes and this often exists to a high degree when the muscle balance is apparently perfect." Applying these principles, the author presents the oft-urged prominence of the eye as a source of nerve irritation, and eye strain as a prolific cause of reflexes. Abnormalities of the ciliary and extrinsic muscles are the basic conditions of these reflexes. But such things as headache and commonly acknowledged results of eye strain are hardly mentioned. On page 44, this position is taken: "Any disease of the eye, other than zymotic or traumatic, and a continuance of even these, may depend on eye strain." On this and preceding page the opinion is advanced that when glaucoma is relieved by iridectomy it is only because the disease is dependent on latent hyperopia and section of the iris and ciliary muscle (if cyclotomy be done) suspends tonic spasm and equalizes the distribution of nerve force to various parts of the eye. In another part of the book are clinical records of cases of diabetes mellitus cured by attention to eye strain. The prominent symptoms of phthisis yielded to same methods of treatment: *i. e.*, "repression" of the abnormal muscular action by convex lenses and prisms, or by tenotomy.

These quotations are made from this little book because it is only fair to an author who takes grounds radically opposed to general belief, and defends his position by a manifestly honest array of experience, to let him speak for himself. But just now few, we fear, will accept all the book teaches. The author's advice about "latent errors" and the ease with which one can deceive himself in "diffusion" tests is worthy of high commendation and careful study.

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CURRENT EDITORIAL COMMENT.

MEDICAL LEGISLATION.

Cincinnati Lancet-Clinic.

IN no country in the world is the medical profession more learned and enlightened than in the United States, and yet it is here that medicine is legislated to a back seat. Every other profession has its boundaries limited and entry governed by law except to the field of medicine.

THE INDEX MEDICUS.

New York Medical Journal.

AS we said last week, the *Index Medicus* must be re-established. It is a great pity that there has had to be any break in the continuity of its issue, but the break is not yet irremediable. It should be borne in mind, however, that every month's delay in resuming its publication adds to the difficulty that its editors will find in rendering their work continuous in the future with what they have done.

SURGICAL SIGNIFICANCE OF DUST.

New York State Medical Reporter.

THE perfection of our antiseptic technique and the excellent results of the aseptic method have served to relegate the doctrine of air infection to the background, as is evidenced by the almost universal abolition of the spray during surgical operations. Thanks to the advance made in bacteriology, it is now recognized that the sources of wound infection are far more often to be sought for in neglect of cleanliness, unclean hands and instruments, or improperly prepared dressing than in an impure condition of the atmosphere.

BOLDNESS WITH CAUTION.

Gaillard's Medical Journal.

WE would not be misunderstood as advocating active medication by the physician in every case he meets. Many diseases are strictly self-limiting, or tend strongly in that direction. This is especially true of the infectious diseases. One of the chief sources of error in estimating the effect of treatment and the value of drugs lies in the fact that the natural history of disease is ignored. The doctor gives a certain medicine, the patient recovers, and the treatment receives the credit, when as a matter of fact the disease pursued its natural course, but little modified by the treatment. These diseases pass through their natural stages. The doctor cannot shorten them nor cure them, but he may often rescue his patient from death.

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NOTES.

IODOL is successfully used in eczema of the external meatus.

*

CREOLIN is recommended as a superior antiseptic for obstetric use.

*

EARLY applications of strong solutions of nitrate of silver are recommended for bed sores.

*

THE monobromate of camphor is said to be a specific in the reflex nervous irritation due to dentition.

*

GLYCERIN of alum in the syrup of mulberries is a useful and grateful application in pharyngitis of children.

*

FOR hemoptysis, if the heart be sound, give from one and a half to two and a half grains of chloral per rectum.

*

NOCTURNAL attacks of asthma may be prevented by giving small hypodermic doses of strychnia and atropia combined.

*

A NEW salt of antipyrin, mandelate of, has been discovered, which has all the properties of antipyrin without being poisonous.

*

IT is said that one-tenth of a grain of apomorphia, hypodermically, will break up and thereafter prevent an attack of hysteria.

*

DR. T. A. REAMY of Cincinnati says that nothing can be more striking than the promptness with which puerperal convulsions are arrested as soon as veratrum viride has had time to act upon the heart and vaso-motor system.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 20. BALTIMORE, AUGUST 31, 1895. WHOLE No. 753

ORIGINAL ARTICLES.

THE THERAPEUTIC VALUE OF OXYGEN AND NITROUS MONOXIDE IN THE TREATMENT OF PNEUMONIA, BRONCHITIS, ANEMIA AND CHRONIC DISEASES.

By J. N. DeHaet, M. D.,
Brooklyn, N. Y.

DURING the past ten years, the value of oxygen and nitrous monoxide as therapeutic and remedial agents has been fully recognized by the medical profession, not only in this country, but also in Europe.

In all of the large hospitals of our cities they are used with such remarkable success in the treatment of pneumonia, bronchitis, asthma, diphtheria, cardiac diseases, anemia, croup, dyspepsia, typhoid fever, hay fever, tuberculous and scrofulous affections, that abundant literature is furnished for various medical journals.

Oxygen intelligently administered can be made a valuable adjunct to other treatment, in various ailments.

Professor A. H. Smith of New York City, in 1860, reported several cases of typhoid fever, in which oxygen was used with remarkable success, and other physicians have since used it, with good results.

In acute and capillary bronchitis, it affords almost instantaneous relief. The writer calls to mind a case of the latter, in the family of one of the leading physicians of this city (Baltimore) in which Professor Chew advised the use of oxygen and nitrous monoxide. The patient was about two and a half years of age and was suffering with the measles, when capillary bronchitis developed. On the fourth or fifth day the gas was first used and was continued at intervals of 15 and 30 minutes for 36 hours, when the patient was pronounced out of danger, and convalescent. After the administration of a few inhalations, the respirations became less frequent and deeper; the temperature was reduced one and a half degrees and the little patient passed into a quiet and refreshing sleep. The gas was administered while the patient was sleeping, just as often as when awake, by placing a cone, made of a napkin, over the face and passing the tube through it; so that the tube came down in front of the nose. This is the mode of administering the gas to young children and also to adults, who may be in an unconscious condition from the poisonous effects of illuminating gas.

The patient took nourishment more frequently and the beneficial effects of the gas upon the patient were very apparent both to the father and consulting physicians.

Another similar case, in an infant one year of age (but with no complications), was treated with the gas on the sixth day. The respiration was 65 per minute and temperature 106°. After a few inhalations of the gas (six of ½ minute

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duration) the respiration fell to 45 and temperature was reduced two degrees. The oxygen and nitrous monoxide were used very successfully in this case and in a few days the patient was convalescent. In acute bronchitis of a child three and a half years of age, the writer has usually used oxygen in his own family (a grandchild) when the relief was very marked and convalescence more rapid than when the same child had been treated by the usual remedial agents in other attacks of the same disease in previous years.

In chronic bronchitis it is a very valuable remedy for it acts directly upon the bronchi, relieving the irritation, lessening the accumulation of mucus, and thus allaying the cough.

"In phthisis, it was proven, some years since, by a distinguished French physician, that in several cases treated by this agent, some 24 in all, of which 10 were in an advanced and 14 in the incipient stage of the disease, that among the former the night sweats were checked, the insomnia was relieved, and its palliative action was fully demonstrated. In the incipient cases, the treatment had a favorable influence upon the bodily weight, the physical signs, cough and expectoration, so that the patient could be regarded as restored to his usual health."

"The tubercle bacilli, which were present in four cases, disappeared from the sputa. The action of the oxygen in these cases no doubt consisted in the increase of the number of red globules, and the increased expansion of the lungs, especially at the apices."

A few years since, a prominent physician of Boston read a paper before this association (American Medical) in which he stated "that he had for many years maintained by theory, and shown by actual results, that pulmonary tuberculosis may be cured, even after extensive degeneration of lung tissue has taken place, provided the constitution has not become vitiated by disease or other causes, or its recuperative powers destroyed by old age. In treating over 3000 cases of chronic pulmonary tuberculosis, exclusive of those which he treated in the United States Army, every case proved the folly of attempting to adopt a routine practice which shall be applicable to all tuberculous patients. The treatment of every patient must be a problem unto itself."

"Build up the general health of the consumptive, so that his chemico-vitalizing function will be sufficient to destroy the bacilli."

"That oxygen is a destroyer of bacilli, especially of a tuberculous character, has been known for a long time to the medical profession, and it is a well proven fact that oxygen is the most perfect antiseptic, for in an atmosphere of oxygen it is impossible for disease germs to exist."

In asthma in which oxygen and nitrous monoxide were used in 30 cases, 12 of which suffered from true bronchial asthma, 10 from neurasthenic asthma, 7 from pulmonary asthma, complicated with bronchitis, and 3 from asthmatic attacks of unknown origin, it was fully demonstrated to be of great therapeutic value. The majority of the patients suffering from bronchial asthma were immediately relieved, and the improvement continued for a long time after the inhalations were discontinued. In emphysema the dyspnea was very much relieved by a few inhalations and in two cases the catarrhal symptoms were entirely dissipated.

Professor Maraq of Paris advises the use of oxygen in "essential asthma, emphysema, whooping cough, for the dyspnea and vomiting of phthisis and for the relief of asphyxia from any cause; chloroses and sympathetic anemias are very happily influenced by inhalations. It checks very quickly the vomiting of chlorotics, dyspeptics, consumptives and the pregnant."

"It is also a valuable agent in the treatment of senile, spontaneous or diabetic gangrene of the extremities. In these cases, by a local application, it relieves the pain, checks the gangrene, restores to menaced tissues their healthy color, favors the elimination of sloughs, and the granulation and healing of wounds."

During the past few years, agencies

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for the sale of this valuable therapeutic agent have been established with many druggists in nearly all of our large cities, so that it can be readily obtained for emergency cases, such as asphyxia from sewer or illuminating gas. It would also be a valuable resource in opium, chloroform and ether narcosis, eclampsia from any cause, albuminuria from scarlet fever, paroxysms of asthma, dyspnea and coma; heart failure and apoplexy are favorably influenced or actively relieved by its timely use.

In pneumonia, it relieves a patient by overcoming the cyanosis and furnishing a fresh supply of oxygen to the blood. In a case of double pneumonia occurring in a woman 30 years of age, the gas was not prescribed until the fifth day, and the cyanosis was very marked. Temperature 106°, pulse 170, respiration 65. After the inhalation of five gallons of the gas, the patient was very much relieved. The temperature was reduced to 104°, pulse 140, respiration to 45 and the countenance resumed its normal appearance. The inhalations were continued every half hour for seven hours and then once an hour for the following day; after that resolution began in both lungs and the gas was given every two hours for the following three days. It was given at frequent intervals for the following two weeks until the patient was able to leave the bed.

In another case, a lady aged 59 years in which double pneumonia developed, with marked cyanosis on the third day, complicated with Bright's disease of two years' duration, nearly ten gallons of this combination of gases were used, before the desired relief was obtained. The temperature was 105°, pulse 160, respiration 60 per minute. There was a corresponding reduction in temperature to 103°, pulse 140, repiration to 40, and a normal appearance of the countenance. The relief that this patient experienced from the continual use of the gas was very apparent to all.

Those physicians who have been most successful in the treatment of cases of pneumonia, where oxygen and nitrous monoxide have been employed, have found that their use in the early stage of the disease produces better results, than if not used until marked cyanosis develops.

A physician in Troy, N. Y., used this combination of the gases in the treatment of 35 cases of pneumonia (some single and others double) two years since, and all of them recovered. In each patient the gas was prescribed at an early stage of the disease.

Physicians in other cities have had equally good results in the treatment of pneumonia, by the early use of this agent; while a few, who have not prescribed it until cyanosis was far advanced, or a consultation was held, have not got the results they expected, although relief was afforded and the patient's life prolonged for a few hours or days.

As a quick and efficient cardiac stimulant it is deserving of more frequent employment in cases of asphyxia, whether from poisonous gases or general anesthetics.

In the suffocation of angina-pectoris, the beneficial effect of the gases has been abundantly proved, and among the cases occurring lately was that of the late General Phil. Sheridan, for whom Professor Pepper of Philadelphia advised the use of the oxygen and nitrous monoxide, which relieved the General of his sufferings and prolonged his life for several months. Dr. Reid of Dublin in 1871 prescribed and advocated its use in this disease. A patient of Dr. Reid's, aged 64 years, who had suffered greatly from angina, obtained more relief from the inhalations of oxygen than from any other remedy that was prescribed.

In diseases of the respiratory organs, oxygen is always a valuable therapeutic agent; it promptly relieves the most intense dyspnea, whatever its origin. In feeble lung power, partial collapse of lung with non-resolution or pleuritic adhesions, after pneumonia or pleurisy or nervous prostration, oxygen supplies the physician with the most valuable therapeutic agent that he can employ.

In a recent case of pneumonia in a young man aged 21 (who had suffered from malarial trouble for nearly two years) which followed la grippe, consoli-

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dation of the entire right lung took place. Frequent inhalations of oxygen and nitrous monoxide were used and the relief afforded was very great. The temperature was 103°, with a very feeble pulse and short and rapid respirations. Insomnia was very persistent, although Magendie's solution had been used for several nights. The gas was first given in the afternoon and at intervals of 15 minutes each, the patient taking about half a gallon at each inhalation until 8 P. M., when the patient passed into a quiet sleep which continued for six hours; a few inhalations were then given and he again fell asleep. On the following morning his temperature was 99°, pulse stronger and quite regular, with a great improvement in the respirations. The patient said that he could feel air entering the affected lung and could breathe much easier. The inhalations were continued every hour for one-half a minute for the next two days and then every two hours for the following four days; after that the gas was inhaled every three hours during the following week and the third week it was given every four hours. After the third day's treatment with the gas the insomnia was entirely relieved, and at the end of three weeks respiration was complete and the patient made a slow but complete recovery.

In another case, a man 40 years of age, who had la grippe, which was followed by pneumonia of left lung, consolidation of entire lung occurred and the chest on that side flattened. He had a persistent cough which did not yield to treatment, lost flesh rapidly, had night sweats and presented the appearance of one in the early stage of phthisis. After several inhalations of oxygen and nitrous monoxide, which were not given until a few months after consolidation took place, resolution commenced on the affected lung and the chest soon presented its normal appearance. In six weeks from the first inhalations of the gas, resolution was complete and the patient had gained nearly twenty pounds in weight.

In a recent case of pleurisy in a boy 12 years of age, with effusion, where one pint and a half of pus was removed, there was great danger of collapse of the lung, not only from the general condition of the patient but also from his extreme weakness and from the fact that the patient had been an invalid from birth. His physician prescribed the gas (oxygen and nitrous monoxide) for the patient, and after using it four times daily for one week, there was a marked improvement in his general health and the respiratory movements were more fully developed. The lung on the affected side was thoroughly distended and every air cell filled with oxygen.

Hay fever, which develops at the time of the blooming of the clover and also the pollen of sag weed and some of the flowering plants, is a disease confined to the nasal passages and accompanied by a very persistent and distressing coryza. While there are many remedies prescribed and many nostrums advertised for curing it, yet all of them failed and only a few ever give temporary relief. Those persons who have obtained relief by visiting mountain resorts and sanitariums find that it is only temporary and the disease returns on the following season, often with more severity. Many persons have not only obtained immediate relief but a permanent cure by the inhalations of oxygen and nitrous monoxide.

I now call to mind some cases in my own practice and also in that of my fellow practitioners to whom I have recommended it. The first case where I advised its use was a lady about 40 years of age, who had suffered from it for the past six years and it had become so persistent that during the last year a slight cold would cause a return of it as well as attacks of asthma. The inhalations of the gas were used every three hours, daily, for one week and were then continued for three weeks, three times daily. The inhalations were taken for two weeks in the following year, about two weeks before the return of the disease, and it is now six years since the last attack occurred. Other cases where the disease was quite as persistent in the recurrence were treated, but without asthmatic complications, and readily

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yielded to treatment and not one have since recurred.

While visiting a classmate in an eastern city I was asked if I knew of any remedy that would relieve or palliate hay fever. He was treating a gentleman aged 60 years, who had frequent attacks during the past six years. His treatment of the patient consisted of hypodermic injections of morphia $\frac{1}{8}$ grain, and sulphate atrophia $\frac{1}{100}$ grain, twice daily. This gave the patient only temporary relief. I advised the inhalations of oxygen and nitrous monoxide every three hours for one week and then three times daily for one or two weeks. This treatment was immediately adopted and after a few treatments the relief afforded was very apparent and in a few days the disease disappeared and up to this time, some eight years since, has not returned. Another was that of a prominent surgeon in an adjoining city to where my friend resided, who had the fever, complicated with a severe attack of asthma. When my friend told this physician of his experience in treating patients and of the good results obtained from using it, he immediately telegraphed for a cylinder; and when it was received the next day, began using it, receiving very great benefit and permanent relief. I saw this physician two years afterwards and there had been no return of hay fever or asthma. I met him again last summer at a favorite resort where he was spending his vacation and he informed me that there had been no return of the disease, although he said that as a prophylactic he has used the gas the second year for two or three weeks. He informed me that he had prescribed it for all cases of hay fever that came to him for treatment and had equally as good results.

In diphtheria it is found to be a very valuable therapeutic agent. It acts as an antiseptic upon the blood and also as a heart stimulant and tonic. Some three years since there was a sudden development of this disease in a very malignant form in Catskill, N. Y., and all the remedies used did not afford relief nor save the patients. The mortality in three weeks, from 12 the first, reached 24 in the third week. A physician from another city was called in consultation and advised the use of oxygen and nitrous monoxide for its antiseptic and tonic effects. Two cylinders were ordered for a mother and daughter who lay very low with this disease. In a short time after using it continuously for half an hour, the pulse became stronger and the patients both appreciated the relief that it afforded.

This physician informed the other physicians of the benefit that his patients had received from using the gas and they also ordered it for their patients and there were no more deaths from diphtheria in Catskill village. A case in the family of a physician, a boy 12 years of age, whom I saw in consultation, had been ill about fourteen hours. I advised a spray of peroxide hydrogen every half hour and inhalations of oxygen and nitrous monoxide every hour. In a few hours afterwards when I saw the patient again he was delirious and continued so for four days. During that time the same treatment was continued and nourishment was given per rectum. When consciousness returned, the exudates had disappeared from the pharynx and tonsils and the patient then took nourishment by the mouth. He continued to inhale the gas every three hours until convalescence was established.

In phthisis pulmonalis, in the early stage, much benefit may be derived from the continued use of oxygen and nitrous monoxide by causing an expansion of the air cells adjacent to the diseased structure and thus often arresting the progress of the disease. In addition to this, it furnishes an increased supply of oxygen to the blood, which is always needed in such cases. *Pure oxygen* should never be given in any form of lung trouble, especially in phthisis pulmonalis, for it causes rapid oxidation of the lung tissue and this hastens the development of the disease.

Good results are also obtained from the use of oxygen in insomnia and neurasthenia, based no doubt on the theory that it invigorates the digestive and assimilative functions; and will also benefit and ameliorate almost any chronic

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ailment; only with oxygen combined and with nitrous monoxide can the best or most satisfactory results be expected.

In a case of leprosy located by a physician in New York City not long since, where every remedy known to the medical profession in Europe and our own country was tried, without any beneficial results, and as a last experiment cancer bacilli were injected into the ulcerated parts, with no benefit, oxygen and nitrous monoxide were recommended and the patient was advised to take treatment three times daily, with the idea of ascertaining its effect. The patient was placed in a cabinet and in addition to the internal use of the gas the cabinet was filled with it and was brought in direct contact with the ulcers which covered the patient's back and were also on other parts of her body. This treatment was continued for one week, when a slight improvement was observed and the treatment was continued for several weeks. The ulcers gradually healed and at the end of one month the patient was restored to her usual health. It is hoped that a complete report will be made, as it is the first case on record where leprosy was benefited by any treatment.

In a paper on the therapeutic value of oxygen, written by Dr. Catlin of Brooklyn, he states that we desire to emphasize the fact, for it is a fact, that while oxygen is undoubtedly a great burden lifter from the heart in cases of dyspnea and insufficient aeration, it is something far more to the nervous system, if given with a free hand as indicated. This is the point that we desire to lay stress upon; oxygen is something far more than a mere palliative, a silencer of symptoms, or an urgency resort to keep the heart going a little longer. It is a distinct remedial agent and will save life over and over again in such cases.

PRESENT STATUS OF THE SANITARY MOVEMENT FOR ADOPTION OF THE INDIVIDUAL COMMUNION CUP.

READ BEFORE THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, MAY, 1895.

By Howard S. Anders, A. M., M. D.,

Lecturer and Clinical Instructor in Physical Diagnosis, Medico-Chirurgical College; Physician to the Samaritan Hospital, Philadelphia.

PROFESSOR AGASSIZ once wrote: "Whenever a new or startling fact is brought to light, people at first say, 'It is not true;' then 'It is contrary to religion;' and lastly, 'Everybody knew it before.'"

The question whether the common mode of administering the communion wine in most of our Protestant churches should be modified, for sanitary reasons, is no longer one upon which two opinions can be held. From a dispassionate medical and hygienic view-point, we do not now hesitate to say of this matter, emphatically, it *is* true; and as a fact it rests upon a sound basis. The positive assertions of clear-minded, learned and progressive ministers of the gospel and Bible historians and interpreters, justify us in affirming, with equal stress, that it is *not* contrary to religion. Indeed, to the minds of a common-sense Christian community, untrammelled by the dogmas of mere human traditionalism and conventionalism, it cannot be otherwise. That "everybody knew it before" is either true or false; if true, then thousands of the people of a nominally Christian nation were guilty of a neglect, the direful consequences of which upon their healths and lives are statistically unknown and obviously untraceable. The existence of such universal, unfeeling indifference is paradoxical, if not wellnigh impossible; therefore, the statement must be false. But, if false, then with our present advanced knowledge of hygienic facts and principles are we guilty of a wrong of omission now, to

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neglect so vital a matter, should it involve the physical welfare of but a score of worshipers.

This question is, indeed, one of the "living issues" which the retiring President Maclean of the American Medical Association might have included in his masterly address, though not so far reaching in its beneficent influence as some of those he mentioned. One who is so unfortunate as to ridicule the reform now is himself open to ridicule and the suspicion of ignorance, indifference, narrowness, or wanton and stubborn animadversion.

Attention and interest may be directed at the onset to the fact that, for years the possible, even probable disease-dangers of the common communion chalice or cup were recognized privately, and, several times, publicly, by certain members of our profession. However, it has been little more than one year since the first use of the individual communion cup was made by any church.

This method of administering the communion wine is now believed to be the only sanitary, reliable, and entirely practical and successful procedure. Besides, it has the sanction of scriptural precedent according to many theologians, and recently of ministerial argument and recommendation.

It might be interesting, instructive, and amusing even, were it not irrelevant and too long a story, to review the sarcasm and sneers, the bigotries and fallacies hurled at the devoted head of this sanitary movement during the past year. But it will be more profitable and to the purpose — the gauntlet having been victoriously run — to scan carefully over one year's history of this hygienic modification of a sacred church ordinance.

From its inception to the present, the agitation has spread with truly marvelous rapidity, notwithstanding the earlier buffetings and opposition it had to contend against. Not only has there been revealed marked progress in the awakening of interest in, as well as some intelligent study of the grounds for the innovation; but also, in the ready adoption of the individual communion cup in a steadily growing number of churches of most Protestant denominations. Condemned before it was fairly considered, the sanitary individual communion cup reform was contemptuously treated as based upon an imaginary menace to the health of the worshiping Christian public, and, therefore, merely a sensation or fad. The "pooh-bahs" pooh-poohed until they grew tired or convinced of the utter hopelessness of their vapid, illogical and unchristian resentments. Calm, thoughtful and benevolent persons soon saw that the time was opportune for this sanitary improvement of a sublime symbolic ceremony, and that it was not a sacrilegious, though scientific proposition. It is almost needless to add that the movement was started and helped along essentially by medical men, because based upon bacteriological and clinical evidence of undoubted verity, and hygienic principles of common and general acceptance. The only doubts expressed in the discussion by members of the profession have been as to the practicability of the individual cup method to meet the clear indications; these should surely be dispelled everywhere, since for one year the improvement has been in practical and satisfactory operation in many churches throughout the land.

There is clearly no necessity, then, for arguing in favor of the cleanliness, sanitary safety or feasibility of the method, either in the abstract or in detail; nor would time and the title of this paper permit me. Its *raison d'être* is well established.

So far as is known to me (through the kindness of Dr. Hasbrouck of Brooklyn, N. Y.), Dr. M. O. Terry of Utica, N. Y., was the first physician to publicly and scientifically advocate the desirability of changing the common mode of administering the sacrament. This was done in a paper which he read before the Oneida County Medical Society of New York, in January, 1887. But no actual microscopical or bacteriological investigation of the communion wine before and after the service, with common cups in use, was made until in April, 1894, by Dr. Charles Forbes

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(U. S. M. H. S., Passed Assistant Sanitary Inspector, Health Officer of the port of Genesee, N. Y.), of Rochester, N. Y. His results were embodied in a report to the Rochester Pathological Society, which promptly passed a resolution recommending "that the communion ordinance of churches should be so modified as to lessen the liability to the transmission of contagious diseases which . . . attaches to the prevalent method of observance." It was he who also devised what is now known as the individual communion chalice or cup.

Dr. Forbes found in the dregs of the ordinary cup contamination from both the mouth and clothing; from the former, epithelial cells, mucus and various bacteria and spores; from the latter, fibrous material. All of which showed the possible danger of the common cup. Two epidemics of diphtheria, one occurring in 24 families in Rochester, and one in San José, California, were traced to a common communion cup, the wipings from the rim of which showed microscopically the Loeffler bacilli.

Two months later, my own studies on a similar plan revealed tubercle bacilli in two out of five specimens, as well as some pus staphylococci, pus cells and oral epithelial cells. Such facts are incontrovertible; the inferences and conclusions to be derived from them are not less obvious to us all, in their vital and far reaching importance.

September 26, 1894, the writer read a paper on the need of prophylaxis in churches by the adoption of individual communion cups, before the Philadelphia County Medical Society (since published in the Vol. XV, Transactions for that year). The historical, rational (both inductive and deductive), and practical argument for the abolition of the common and the substitution of the individual cup was stamped with the Society's approval, by a virtually unanimous vote in favor of resolutions recommending the individual cup system for general adoption in place of the common cup, wherever now used; and believing that the change, if effected, would afford a clean, safe and reliable means for preventing the spread of contagious disease from such a source as may reside in the ordinary chalice.

During the first year, just elapsed, of this sanitary communion reform, so many churches have practiced the individual cup method of administering the communion wine, that it is difficult to estimate their number throughout the United States.

The first church in Christendom to adopt the modification was the North Baptist Church, in Rochester, N. Y. It began the use of individual communion cups, using over 2000, on Sunday, May 6, 1894. "The time consumed in distributing, partaking and collecting cups was a trifle less than eleven minutes. The old way required nearly forty-five minutes." The pastor, who was first opposed to the innovation, has been delighted ever since. "They" (the cups) he says, "are beautiful, chaste, rich, refined and decidedly cleanly."

Within one month thereafter, fourteen churches in that city had made the change and six more had signified their intention to do so. These included the Baptist, Presbyterian and Methodist denominations. After the writer's investigations, the Fourth Baptist Church of Philadelphia adopted the individual communion cup. One Presbyterian, one Methodist and one Reformed Church have followed. Several pastors of some of these denominations have agitated the subject before their respective ministerial and synodical associations with favorable results. My own efforts, supported by Drs. Griffith and Ely before the Philadelphia Baptist Minister's Conference, in the same direction, met with gratifying comments, and the individual cup was recommended.

The movement is progressing with an undoubted vigor and rapidity quite wholesome and substantial, which argues well for its ultimate prevalence among the churches. Individual communion cups are now in use in several New York City and Brooklyn churches, besides those referred to in Rochester; also in Pennsylvania, Massachusetts, New Hampshire, Ohio, Illinois, Mis-

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souri, Virginia, Georgia and California, and in other States, perhaps, of which I have no knowledge; the good seed has been sown and the fruitage is following, as it must, wherever met by the calm, intelligent, unbiased and reverential minds of a Christian community.

However popular the modern novel with a purpose may be, whether from an altruistic or literary standpoint, it is roundly abused by the critics and writers of a growing reactionary school of fiction production, which is striving to revive the true novel as it should be (they say), of pleasing romance and thrilling adventure. This paper was written with a motive — a "medical missionary" motive, if you will grant this converse meaning to a current phrase — sanitary, not revolutionary, reverential, and not sensational.

Finally, my plea is that, as the representative Medical Society of Pennsylvania, we should further the beneficence of this sanitary movement by giving it official sanction and recommendation, and thus earning indirectly the lasting gratitude of present unenlightened Christian congregations and communities at large.

AURAL CATARRH.

By Charles W. Hartwig, M. D.,

Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md.

AURAL catarrh, whether acute, subacute or chronic, suppurative or non-suppurative, has received a great deal of attention from the specialist. Notwithstanding the amount of literature on the subject, which has almost become monotonous, there are a great many practitioners who still adhere to their adage of letting well enough alone, by telling tbe patients that they will outgrow the same or if a discharge exists that it will kill if an attempt be made to cure the trouble. That is contrary to surgery elsewhere. Why should this be an exception, especially when considering the great mischief delayed or ill treatment may cause, not only in destroying acute hearing power, inconvenience of a constant, disagreeable and offensive discharge, but by the close proximity to the brain, causing the patient to pass into oblivion?

In acute aural catarrh patients will complain of a fulness in the head, everything sounds muffled, buzzing noises as if they had taken a large dose of quinine, with a neuralgic pain deep in the ear and throat. On inspecting the throat a general catarrhal inflammation of the pharynx and Eustuchian tubes, impaired hearing; the whole drum is injected, with more or less bulging; there is an elevation of temperature, some quite high. A child will awake with a piercing cry and catch at the ear. The pain is most excruciating and adults as well as children suffer for days and nights and get relief only when the tympanum bursts or the general inflammatory condition subsides. Why delay so long when hot water is at hand, which can readily be poured into the external meatus from a pitcher or the like? An active purge and inflation of the tympanic cavity after the acute symptoms have subsided, application of silver nitrate, gr. xxx-ʒj, to the pharynx and orifices of the Eustachian tubes is all that is necessary. If more severe a pilocarpin sweat will often check. In paracentesis of the drum where it bulges most, I prefer a Graefe cataract or needling knife to any special instrument: several leeches applied over the tragus and opium in some form. It is surprising the immediate relief gained. I have seen infants fall asleep in their mothers' arms. If this condition is left to go on without interference pus may form in the tympanic cavity with involvement of the mastoid cells, which is a more serious condition to deal with. If the pressure is relieved by an opening in the drum, a discharge of serum and pus follows, which must be appropriately treated. Thorough syringing of the ca-

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nal and tympanic cavity with a warm bichloride solution 1-4000 or 5000 or boric acid four or five times a day; at the same time using the Politzer air bag, H_2O_2 instilled until frothing ceases. If this does not lessen the discharge in a few days an astringent of alcohol, boric acid and glycerine, zinc sulphate or silver nitrate is to be used. If the mastoid cells become involved, poultices and counter-irritation are rarely of avail. Leiter's tubes answer very well in some cases. If only a periostitis, Wilde's incision of cutting through the periosteum will give permanent relief. If the cells themselves are involved nothing short of trephining and scraping will do. Let me enumerate one case :

Captain J. T. B., aged 31, of North Carolina, came to me with the following history: Right ear began to pain March 22, 1895, without intermission for three days, when the tympanum ruptured with great relief. June 17, he observed a swelling behind ear and over mastoid region, tenderness, elevation of temperature, great pain ; was treated without relief. June 26 was the first time I saw patient, haggard and run down, having suffered agonies, with loss of sleep for three or four days and nights. At the Presbyterian Eye, Ear and Throat Hospital, with the assistance of Drs. McConachie and Carroll, the patient being placed under chloroform, I made a free incision through the integument ; a discharge of pus followed. I next with gouge and chisels made a large opening through the outer plate of bone and scraped away all granulations, packing with iodoform gauze. Next day discharge from ear ceased, with no pain whatever ; the perforation healed after several days. Patient made an uneventful recovery ; excepting two days after, temperature rose to 102⅘, with a slight swelling of neck, which dropped to normal soon after syringing cavity. Hearing returned to normal. Why cannot this be averted in many instances by recognition of the true state of affairs and instituting early and prompt treatment and thereby preventing irreparable damage? Where the discharge becomes chronic, in addition to above treatment, the use of the tympanic syringe, removal of granulations and polypi with the snare or curette, the application of strong astringents or chromic acid applied directly on the end of a probe, prove of invaluable service ; cases that have been discharging for years can be greatly benefited or cured.

Again, when from repeated attacks of acute aural catarrh the drum becomes thickened, opaque and drawn in, with prominence of the ossicles, bound down by adhesions, later producing a constant singing and ringing in the head and ear —the removal of adenoid vegetations from the vault of the pharynx, hypertrophied tonsils, posterior hypertrophic growths, deviation of septum, spurs and ridges, mopping with an astringent, inflation of air and stimulating vapors as iodine and camphor, or, what has proved of greater service to me, an oily solution impregnated with menthol and camphor blown directly into the tubes through a catheter, together with massage of the drum with a Seigel otoscope, is indicated. I have in this way been able to relieve a persistent tinnitus and in cases received early enough, hearing power was restored from watch on contact to normal with entire abatement of tinnitus.

CHLOROSIS.—Carl van Noorden, in the *Medical and Surgical Reporter*, remarks: "Most chlorotic girls feel weakest and most worn out during the hours of the forenoon. The best remedy is the English fashion of a good, hearty meal at the beginning of the day." He advises chlorotic girls to drink half a liter of milk of the best quality while still in bed, and to do it very slowly, taking fifteen minutes to ingest the quantity prescribed ; half an hour later to rise and be rubbed with a dry, rough woolen towel. Then breakfast — a small cup of tea, one or two slices of buttered toast, and plenty of meat ; two hours and a half later some bread and butter, together with two eggs, followed by a quarter of a liter of milk. A glass of sherry is now permissible if special reasons warrant it.

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MEDICAL PROGRESS.

HYPNOTISM.—There seem many signs, says the *Lancet*, that we are witnessing the decay of hypnotism. The stream of hypnotic literature would appear to be gradually subsiding—not, perhaps, before it was time—and the interest in the subject, both public and professional, is evidently on the decline. The claim of hypnotism to take rank, not as a curious psychological phenomenon, but as a recognized branch of therapeutics, is now pressed with much less insistence and sincerity than was the case a few years ago; and it would seem that history is once more repeating itself, and that the periodic burst of attention and curiosity evoked by the subject has for the present, as on former occasions, spent its force. To our readers such a course of events will be in no way surprising. While admitting that modern hypnotism presented some new developments and refinements, we have always maintained that in essence it was identical with the mesmerism, Braidism, animal magnetism, and electro-biology of former times, and that in due course it would be found to be barren, if not noxious, in the field of medicine. Students of psychology must always be interested in the curious phenomena of hypnotism, but we feel more than well justified in having resisted the intrusion of hypnotic doctrine and practice into the domain of medical science. The dangers of the proposed new departure were evident and grave, its advantages at best problematical, at worst illusory and deceptive. It may not be amiss to recall some of the salient features of a controversy which, we suspect, is nearing its predestined termination.

A cardinal point, *ab initio*, was, Are hypnotic phenomena normal or abnormal, physiological or pathological? It has been alleged that the phenomena were perfectly normal and natural, and some of the apostles of the movement have even gone so far as to assert that more than ordinary strength and balance of mind were necessary to constitute anyone a thoroughly good subject for hypnotism. It was said that the power of sustained concentration of attention was the most essential point in securing the success of the experiments, and that such a power was the very antithesis of hysteria or morbid neurosis. On the other hand, the more general and gradually prevailing opinion has been that the hypnotic trance and all the curious attendant phenomena were of the nature of disease and showed a mind not abnormally strong or even normally sane, but to a more or less extent temporarily off its balance. This latter view is, in our judgment, most in accord with recorded fact and most consistent with theory. The hypnotic subjects who abounded in Paris and Nancy did not seem to most dispassionate observers to be good examples of sane and vigorous intellect. On the contrary, the atmosphere of morbid introspection, display and more or less charlatanism seemed to cleave to these practiced performers and all their curious evolutions. Ordinary experience of life teaches us that one of the most potent forces in human nature is the love of notoriety and the desire to become the center of interested attention. *Possunt quia posse videntur* is a principle of very wide application. Granted an atmosphere of excited interest and a strong expectancy of certain results on the part of subjects and operators, and the most astonishing effects can easily be produced. Again, if it is of the essence of hypnotism that the subject should yield his will to that of the operator, and more or less merge his personality in that of another individual, we think such a condition much more likely to be associated with mental weakness than with mental strength. We by no means assert that conscious imposture was usual in these experiments, although we believe it had often a considerable share in the results, and we quite admit that hypnosis is a genuine phenomenon—as genuine, for example, as somnambulism; but we believe it to be essentially morbid, and associated with feebleness of will and unusual impressionability. The most probable theory of its causation has always seemed to us the view that was put forward by Heidenhain and other good physiolo-

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gists—viz., that the hypnotic trance is the result of an inhibition of some portions of the cerebral substance, the remaining portions acting abnormally and giving an extraordinary response to ordinary stimuli.

The second great controversy had regard to the question, Granting that hypnosis is real and can be evoked according to definite rules, is it capable of being turned to useful account in the field of therapeutics? When we reflect upon the strong claims that were put forward for hypnotism as an anesthetic, an analgesic, a nerve stimulant, and what not, it must seem not a little surprising that so potent an agent should be allowed to rust in the not overstocked armory of treatment. We suspect the marvelous results alleged to have been attained have not well withstood the crucial tests of time and wider experience. There was a stage in the annals of this curious history when even grave organic maladies—e. g., hemiplegia, Bell's paralysis, etc.—were alleged to be submissive to hypnotism. We are not sure that even tumors were not alleged to have vanished on the waving of the magic hypnotic wand. But by degrees one claim only was insisted upon—namely, that hypnotism was a potent remedy for "functional" nervous affections. Every experienced physician knows that these maladies constitute the most illusive of all fields for therapeutic experiment. The victim of functional nerve disorder not infrequently gets well with any treatment or no treatment. Above all is it clear that any strong impression on the nervous system, whether produced accidentally or by deliberate therapeutic endeavor, frequently results in the cure of such cases. That hypnotism is one wayof producing such an impression we fully grant, and its beneficial effect might be freely admitted if there was no reason to suspect that the cure might be worse than the disease. To drive out neurasthenia by inducing the hypnotic state is a procedure fraught with so much peril, both on the moral and the physical side, that it can only be undertaken with grave apprehension. The broken-down nervous systems that form the bulk of neurasthenic cases are bad material for doubtful psychical experiments. Rather should we commend in such cases the old and well-tried methods of treatment by rest, change, fresh air, diet, tonics, modification of unwholesome environment, suitable occupation, and recreation. These methods often succeed, and it can at least be said that their failure does not make the case of the patient worse than the first.

Hypnotism is undoubtedly worthy of study, but we suspect that more and more it will be handed over to the psychologist, perhaps sometimes to the alienist, and that its interest for the practical physician will steadily wane. Until the evidence of its utility is a hundredfold more conclusive than it at present appears we shall not regret having striven to preserve medical science from identification with doctrines and methods which are tainted with charlatanry.

* * *

CEMETERIES AND TYPHOID FEVER.—The *Sanitary Record* says: Whether a burial ground shall or shall not be a danger to the health of the surrounding population depends on a number of conditions and circumstances—some of which may not be easily determined in any particular place, and others may change in course of time. When interments are carried out with proper care, and the ground is covered with grass and trees, there is no danger to be apprehended from emanations; even in the ground air the predominant gas is carbonic acid. The chief danger consists in the probable contamination of the ground water and water supply, and this is directly connected with the nature of the soil as regards its permeability to air and water, and its richness or otherwise in the bacteria of nitrification. In light, sandy loams decomposition and the resolution of the corpse into salts and gases proceeds so rapidly that almost every trace of the soft parts is gone in a dozen years or less, with little or no offence; while, on the other hand, in a cold, stiff clay, a putrid, stinking mass remains for fifty years or more, and in a *dead* earth, such as one

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meets with in the heart of cities, there is no decomposition at all; in St. Andrew's (Holborn) churchyard, bodies buried two hundred years ago were found "sandwiched" between the crushed coffins, little more disintegrated than those buried just before the graveyard was closed twenty years before the excavations. In clay soils, seams of sand act as drains, carrying the soakage from the graves to the nearest watercourse, and especially when the cemetery is on a hillside; and deep interment, far from reducing the danger, greatly intensifies it by removing the corpse beyond the nitrifying influence of the bacteria. Doctor F. Levison of Copenhagen has recently called attention to the recurrence of epidemics of enteric fever in a particular quarter of Copenhagen where the houses abut on the only partially covered outfall sewer, which receives with other sewage the drainage from a large cemetery. The severest by far of these epidemics broke out in 1880, when during some works the sewage — having been dammed back — left a semi-dried and most offensive deposit; the next heaviest occurred in 1884. Flügge has called special attention to the relation between the sand seams — or land springs, as they are called in this country — and wells; and Levison considers that only forty-five of the six hundred and fifty cemeteries in Denmark are objectionably situated, while of those around London we doubt if there are three.

* * *

BILIARY CIRRHOSIS IN CHILDREN. — Gilbert and Fournier (*British Medical Journal*) reported 7 cases of biliary cirrhosis in children, or commencing in childhood, and presenting all the symptoms observed in the adult, but with the addition, in many cases, of hypertrophy of the spleen, so conspicuous that in those cases in which the liver is not very much enlarged — and such enlargement is in children often not great — the true nature of the disorder may be easily mistaken. They believe this enlargement of the spleen in association with biliary cirrhosis to be peculiar to cases commencing in childhood. A further peculiarity of the disease, as observed in children, is the frequency with which clubbing of the fingers may be observed. In some instances the ends of the femur and tibia were enlarged also. Evidence of the influence of the disease on the general nutrition is to be detected also in the retarded growth and the backward appearance of the sufferers.

* * *

GOUTY PAROTITIS. — D'Estrees reported to the Philadelphia Society of Clinical Research (*University Medical Magazine*, March, 1895) two cases of gouty parotitis which had come under his observation, the only two with which he had met in a large experience among gouty subjects since 1868, at the watering place, Contréxville, France, but remarked that he had collected a dozen unpublished cases from various French and English physicians.

The first was that of a gentleman 63 years of age, whom he saw in consultation with Dr. Buequay of Paris. The right parotid was hot, red and swollen, and gave him intense pain. External applications bringing no relief, d'Estrees suspected its gouty nature, and remarked that "two days later the parotid was flat, and a regular fit of gout had invaded the left knee." Afterward the left parotid became involved, leaving the latter to invade the right knee.

The second occurred in a man 54 years of age, and was preceded by an attack in the wrist of the same side. The attack yielded to gouty treatment, and examination showed it to be loaded with the urates.

* * *

NEPHRITIS IN PREGNANCY. — Gossmann (*British Medical Journal*) does not find that this disease necessarily ends in chronic nephritis. He saw it recur in one patient during eight pregnancies, but she is still free from kidney symptoms when not pregnant. He finds that induction of labor by means of vaginal douches is perfectly simple, and in two cases this means alone proved sufficient. In one of them the child was saved and reared.

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BALTIMORE, AUGUST 31, 1895.

Expert Medical Testimony.

EXPERT medical testimony, which should both further the ends of justice, and contribute somewhat to the honor and dignity of the medical profession, too often fails to accomplish either result.

It frequently happens that cases are brought before a court for trial in which it is absolutely necessary to have some expert medical opinion. It is impossible for judge, jury, or lawyer to master, or in some instances even to understand, complex cases involving, let us say for the sake of illustration, the effects of certain vegetable poisons upon the human organism. Indeed many alkaloids are so soluble in the action, and leave so few traces behind, that their detection requires a very high grade of chemical and analytical skill.

We have this skill in America; we have chemists as able as any in the world, men who are above suspicion and above reproach. And further, in those cases so frequently appearing upon our criminal dockets in which the question of mental responsibility, the question of sanity, arises, there is no lack of physicians deeply grounded in all matters of mental alienation, who are abundantly fitted by education and experience to judge wisely and impartially.

And yet there are so many cases brought to our knowledge by the daily newspapers, every week, and every month and every year, in which the laws of justice are manifestly defeated and the reputation of the medical profession belittled by that very thing which should expedite the one and add to the other.

It seems sometimes as if a blight fell upon the mind of a physician of notable reputation the moment he ascends the witness stand. It appears as if in assuming the position of the expert witness, the truth were lost sight of and expediency became the all important matter. Of course there are many ways of viewing the same question; in this as in everything else, personal equation plays a large part. Still, in many important cases which have been brought conspicuously to the notice of the public within the last few years, it would appear as if the pecuniary remuneration being large enough, a man of ability and prominence could be brought to swear to anything.

Our present methods of legal procedure are open to many objections. In our endeavor to give a supposed criminal every possible opportunity to clear himself of the accusation lodged against him, we err too often in the wrong direction; and the whole machinery of the law, time, money and endless trouble are necessary to bring to justice an individual who is manifestly and probably guilty.

The courts, it would seem, are engaged not in protecting society which is guiltless and suffers, but the individual who defies and violates its fundamental laws.

While lacking some just and equable method of solving the problems under consideration, let every one who has the honor of the medical profession at heart and who desires as a citizen to aid justice, look forward hopefully to the time when an unprejudiced opinion from a medical man in the witness box be not the exception, but the rule. Our people are gradually becoming better educated, and this education, a superstructure built upon that foundation of common sense which is the peculiar characteristic of the people of the United States, will some day, we think, lead our judges and juries to separate the wheat

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from the chaff; will give them the ability to discriminate between plain, simple, undeniable fact and the hysterical pleas of attorneys who seek at any cost to free persons from that justice which should be swift to overtake the guilty.

And the medical profession, on its part, is most strenuously seeking a higher plane. The standard in all its institutions is being raised and to free itself from the barnacles of quackery and incompetence every effort is being made. This, too, will aid in the cause, in which as units in a great system, we are all interested and engaged. Whether laymen or physicians, every citizen of this country who has its well-being at heart will assist to his utmost the bringing of the guilty to justice and the upholding of one of the most honorable of its professions.

* * *

New Quarters of the Faculty.

A VISIT to the hall of the Medical and Chirurgical Faculty shows that preparations for removal have already begun. The librarian and his assistants are busy tying up the volumes in lots of suitable size and labeling them so that they can find their proper place without delay and confusion at the new quarters.

It has already been mentioned in our columns that the Faculty has purchased the building 847 N. Eutaw Street, above Madison. The situation is well chosen and in view of the rapid development of the city in a northerly direction is quite central.

On the rear of the extensive lot, which stretches from Eutaw Street to Linden Avenue, another building will be erected for the meetings of the Faculty and such local societies as select to use it. This building, the contract of which has already been given out, will be 52 x 25 feet and of brick, two stories high. It will contain on the first floor a kitchen and exposition room for drugs and instruments and on the second floor a large lecture room with a seating capacity for 255 persons.

When completed, which it is expected it will be early in October, the new building will offer many advantages over the old, and will do away with many very reasonable objections which were urged against the purchase. The providing of a hall large enough to accommodate the annual meetings and the affiliated societies was not contemplated in the beginning and speaks highly for the energy and good sense of the building committee. The large exposition hall is another admirable feature enabling the society to keep up its annual display of instruments and pharmaceutical preparations and to profit by the rental of space to exhibitors. During the winter, this hall can be utilized as a banquet room, for which the modern kitchen adjoining gives every facility.

The new structure will be connected with the present one by a hallway. The second and third stories of the present building have been set apart for the accommodation of the library and ample shelving provided. The reception room, nurses' directory, journal and conversation room will be on the first floor. The cost of the extension, including furnishing, is estimated at $3000 to $4000, which is being raised by loans and donations secured principally through the untiring efforts of the chairman of the building committee, Dr. Ashby. When completed it will be the finest quarters the Faculty has owned and will doubtless conduce very greatly to the usefulness and prosperity of this our principal medical organization and through it those of the profession of the city and State.

* * *

Meeting of British Medical Association.

THE meeting of the British Medical Association on the 2nd inst., whether we regard the size of the organization—the largest medical body in existence—the place of meeting or the character of the contributions, was a most memorable one. All medical England flocked to its metropolis to see, to hear, to enjoy. Doubtless, as in the case of our own American Medical Association, most went for a good time, and to judge by the receptions, garden parties, excursions, conversationés, dinners, etc., they must have had it abundantly. But the feast of reason was no less abundant. That the best men were brought forward will appear when it is said that the chief addresses were made by Russell Reynolds, Broadbent, Hutchinson, Pavy, MacCormac, Priestley, Hart, Schäfer and Anderson. One of the most notable of the addresses was that of Professor Schäfer on Internal Secretion. Demonstrations were given at all the large hospitals. Among those taking part was Dr. Mackenzie of this city.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 24, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		6
Phthisis Pulmonalis		16
Measles	3	1
Whooping Cough		1
Pseudo-membranous Croup and Diphtheria.	10	7
Mumps	2	
Scarlet fever	7	
Varioloid		
Varicella		
Typhoid fever	10	4

Cow-dung poultices are frequently applied in inflamed breasts in England.

Galveston, Texas, has a medical man for Mayor, Dr. A. W. Fly having just been re-elected to that office.

An attempt is being made to revive the *Index Medicus*. Twenty-five dollar subscriptions have been started and a number have been received.

Professor Kocher of Berne advocates the use of sodium phosphate as diminishing the irritability of the nervous centers in the medulla in exophthalmic goiter.

The University of Pennsylvania has recently received a portrait of the late Dr. William Goodell, and a bronze bust of the late Dr. Joseph Leidy.

Dr. James N. Hyde is authority for the statement that there are 560 lepers in the United States, California leading as their place of abode with 158.

Dr. Noeggerath, the noted gynecologist, who formerly practiced in New York, died in Wiesbaden, Germany, where he had been living for the past six years.

Dr. Sims Woodhead, from an experience of 2000 cases, supports the antitoxin treatment of diphtheria, not only in the disease, but also as a prophylactic in those exposed.

Every Londoner inhales 14,000 microbes per hour, which remain in the body as the out-breathed air is free from germs. In ordinary health they are speedily arrested and rendered harmless.

In Italy an apparatus is used to prevent the overlying of infants. It is called the arcuccio and consists of a wooden framework, with arches of iron. It is placed in the bed between the husband and wife.

A Chinese Medical Academy was opened in Pekin last month for instruction in Western medicine and surgery, under Dr. Robert Coltman and four other instructors. Instruction will be given in the Chinese language.

Dr. Frank Parsons Norbury, who recently removed to St. Louis to assume the editorial management of the *Medical Fortnightly*, has been elected to the chair of Practice of Medicine and Clinical Medicine in the St. Louis College of Physicians and Surgeons.

A bill for the regulation of medical practice in Kansas failed in the Legislature of that State. A Populist is reported to have said in opposing it: We Western people can't support your plug hat doctors. We've got a lot of old women who are better than any of them."

Women year by year add to their successes at the London University. At the "Presentation" recently, one woman took the degree of Doctor of Literature, four the M. D. degree, six the M. B. degree, one the D. Sc., ten the B. Sc., and eight the M. A., while eighty-three took the B. A. degree.

The semi-annual meeting of the Tri-State Medical Assocation will convene in the Council Chamber of the City Hall, Cumberland, on Thursday, September 5, at 1.30 o'clock. Afternoon Session: Address of Welcome, Dr. J. J. Wilson of Cumberland, Md. Some Peculiarities of Nervous Diseases, Dr. Percival Lantz of Alaska, W. Va. The Advantages of Torsion as a Means of Arresting Hemorrhage, Prof. J. B. Murdock of Pittsburg, Pa. Shock, Advisability of Immediate Operation after Accident, Dr. J. A. Twigg of Cumberland, Md. Evening Session, 8 o'clock: The Management of Labor, Dr. M. G. Porter of Lonaconing, Md. The Mental Disturbances of the Climacteric Period in Women, Prof. G. H. Rohé of Baltimore, Md. Electricity in General Practice, Dr. A. Enfield of Bedford, Pa. Benzol Derivatives, Dr. J. C. Bullock of Lonaconing, Md. Dr. S. S. Good, President. Dr. F. W. Fochtman, Dr. E. T. Duke, Secretaries.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES NAVY.

Two Weeks ending August 24, 1895.

Assistant Surgeon M. S. Guest to the "Minnesota."

Surgeon S. H. Dickson detached from the Medical Examining Board to temporary duty in Bureau of Medicine and Surgery.

Passed Assistant Surgeon H. T. Percy detached from the Washington Navy Yard to duty as member of Medical Examining Board, Washington.

Assistant Surgeon G. P. Bagg detached from the "Monterey" and granted two months' leave.

Assistant Surgeon H. D. Wilson, on arrival of "Monongahela" at Annapolis, detached from that vessel and ordered to temporary duty at the Washington Navy Yard.

BOOK REVIEWS.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In Twenty Volumes. Volume III. Occupation Diseases, Drug Habits and Poisons. New York: William Wood & Company. 1895.

While this may not be quite up to the previous volumes of this excellent book, it contains some well written and valuable contributions. Dr. Councilman's monograph on osteomalacia is naturally very full from a pathological standpoint, but his treatment is rather limited and brief. Dr. Gihon talks in an entertaining way on sunstroke, seasickness and other seasonable topics and while he may add little to our present knowledge of these hackneyed subjects, his work deserves perusal. Probably the most exhaustive article is that by Dr. James Hendrie Lloyd on the diseases of occupation, which is remarkably comprehensive and shows a study of the subject which makes up for his own lack of experience in this branch of medicine. This subject has been so well handled by Dr. Arlidge in England, where the diseases of certain occupations can be so much better studied, that it is a pity the editor of this system did not secure some one with practical experience in this line. The monographs of Drs. Shrady and Kerr are both good. This system is a large undertaking and is rather too large for this side of the ocean. It so often happens that there is one or perhaps more articles worth reading while the rest do not deserve mention and as the physician is obliged to buy what he does not want to get at what he would like to read this library of useful knowledge is purchased at great expense. As a rule the contributions to this series are unusually good.

SKIASCOPY; and its Practical Application to the Study of Refraction. By Edward Jackson, A. M., M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic, Surgeon to Will's Eye Hospital, etc. 112 pages with 26 illustrations, mostly original. Philadelphia: The Edwards & Docker Company.

Dr. Jackson is a recognized authority upon refraction. Skiascopy is discussed in this little book with the author's accustomed clearness and faithfulness. It is preferred to all other objective measurements. The student is advised to begin with the plane mirror and to work up a number of cases whose refraction has been determined by familiar methods before trying to make a diagnosis by skiascopy. To one wishing to study this valuable means of correcting refraction errors the book is of high value.

A FEW PRACTICAL HINTS TO NURSING MOTHERS. By Harry W. Purdy, M. D. New York.

This little tract, which contains nothing original, is one of those useful productions which at this season of the year work especial good. The mother whether very intelligent or not cannot well understand too many technicalities, but she can comprehend the few practical hints laid down by Dr. Purdy.

REPRINTS, ETC., RECEIVED.

St. Louis Medical College. Fifty-fourth Annual Announcement, 1895–96.

Imperforation of the Rectum. By George Ben. Jonnston, M. D., Richmond, Va.

Credulity and Skepticism in Modern Medicine. An Address by George Henry Fox, M. D., 1895.

Eighth Annual Session American Association of Orificial Surgeons, Chicago, September 4–5, 1895.

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Medical Terminology; Its Etymology and Errors. By P. J. McCourt, M. D. Reprint from the *Medical Record.*

The Treatment of Chronic Endometritis. By X. O. Werder, M. D., Pittsburg, Pa. Reprinted from the *Pittsburg Medical Review*, March, 1895.

Hematoblasts and Blood Platelets. By Dr. M. L. Holbrook, New York. Reprinted from Proceedings of the American Microscopical Society, 1894.

Cystic Tumors of the Vaginal Vault, with Report of Two Cases. By Frederick Holme Wiggin, M. D. Reprint from the *New York Medical Journal.*

The Treatment of Advanced (Hopeless) Cases of Phthisis. By Edward O. Otis, M. D., Boston. Reprint from the *Boston Medical and Surgical Journal.*

A Case of Otitic Abscess in a Diabetic, with a Fatal Result. By W. Cheatham, A. B., M. D., Louisville, Ky. Reprint from the *Cincinnati Lancet-Clinic*, August 10, 1895.

A Practical Low-priced Device to Secure the Trendelenburg Posture. By William A. Edwards, M. D., San Diego, Cal. Reprinted from the *University Medical Magazine*, June, 1895.

On Movable Kidney. By George Ben. Johnston, M. D., Richmond, Va. Reprinted from Transactions of the Southern Surgical and Gynecological Association, 1895, and Annals of Surgery, February, 1895.

A Second Attack of Papillitis Occurring in a Case of Post-Neuritic Atrophy of the Optic Nerves. By G. E. de Schweinitz, M. D., and A. G. Thomson, M. D., of Philadelphia. Reprint from the *Archives of Ophthalmology.*

Abdominal Section in Ectopic Gestation where the Fetus is Living and Viable, with Report of a Successful Case. By X. O. Werder, M. D., Pittsburg, Pa. Reprinted from Transactions of the Association of Obstetricians and Gynecologists, 1894.

In the Circuit Court of the United States at Chattanooga, Tennessee, April Term, 1895. W. R. Amick, Plaintiff, *vs.* James E. Reeves, Defendant. Action for Libel. Pleadings in the Cause; Arguments of Counsel; Charge of the Court. Reported by Miss Julia Akers, Stenographer.

CURRENT EDITORIAL COMMENT.

CHOLERA ENDEMICS IN EUROPE.

Medical Record.

THE present epidemic has existed in Russia only since 1892, so that this is its fourth summer in that country. As three of the former epidemics lasted eight, nine and ten years, respectively, it seems rather premature, at the beginning of the fourth year of this visitation, to cry out that the disease is no longer epidemic but endemic, and that it has found a new home far from the Ganges on the banks of the Vistula and about the shores of the Caspian Sea.

OVER-OPERATING IN GYNECOLOGY.

Boston Medical and Surgical Journal.

THERE can be but little doubt in the minds of conservative physicians that at the present day the pendulum of practice has swung somewhat too far in the direction of the operative treatment of the diseases of the female generative organs. . . . We should never by any consideration of either personal credit or the credit of surgery, be led to forget that the welfare of the patient comes always first. For all conduct and decision not founded on the great principle that the profession exists for the good of the public, and not the public for the profession, is fraught with the greatest harm to both.

REFORMS.

New York Medical Times.

REFORMS often move slowly and fail of producing much of the desired result, because, while they seek to close one avenue, they leave others equally prejudicial to health wide open. The so-called total abstainer, while he denounces everything in the shape of alcohol, may be himself a slave to tobacco. The good wife and excellent mother, while she frowns upon the wine cup and will have none of it at the table or in the social circle, freely furnishes to her guests and her family, tea, coffee and chocolate. She does not realize the fact that narcotics, carried to excess, are just as injurious as alcoholic stimulants and that all should be used guardedly, with an eye to their tonic action rather than as a beverage. . . . Among all the great reforms, none is more important and takes a stronger and deeper hold of the very foundations of life than that of diet.

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All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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MARYLAND MEDICAL JOURNAL,
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NOTES.

A CASE has been recently reported where three fluid drachms of the tincture of digitalis were taken and retained and the patient recovered.

*

IODIDE of potassium added to ammonium chloride cough mixtures increases the secretion and relieves the hard cough in subacute bronchitis.

*

ONE gramme, three or four times daily, of salophen in acute articular rheumatism answers every purpose when the salicylates are not well borne.

*

DR. A. KOENIG of Pittsburg gives a mixture of guaiacol throughout the course of typhoid fever. Guaiacol is not a specific, but a useful antiseptic remedy.

*

FOR erysipelas, paint the parts with ichthyol with a little carbolic acid. It will relieve the pain, protect the parts, and check the progress of the disease.

*

DR. FURSENO of Copenhagen says that if smallpox patients be treated in a red-room the mortality will be greatly reduced and the formation of scars will be prevented.

*

DR. RUGH, of the *Philadelphia Polyclinic*, uses a 10 per cent. aqueous solution of alumnol in all operations about the nose and throat when a hemostatic is necessary.

*

SALIPYRIN is recommended for menorrhagia and metrorrhagia. It is given in the form of lozenges of 15 grains each, three daily, commencing a day or two before the hemorrhage is expected.

PHARMACEUTICAL.

THE Medical Novelty Company of New York recently changed its name to the Borine Chemical Company, the latter designation being more expressive of their business. In this connection it may be said that the merits of Borine are becoming most generally recognized by the profession everywhere and the article is growing into extensive use. The Borine Chemical Company are sole agents for Queen Castor Oil, an article prepared from purest English Castor Oil, having the disagreeable and nauseous qualities extracted by an improved process and yet retaining the same medicinal properties as the ordinary castor oil.

LYSIDINE and Carniferrine are two new preparations which Messrs. Schulze-Berge & Koechl have recently added to their valuable list of remedies. Carniferrine possesses all the properties of the iron compounds occurring in natural foods, and is therefore an excellent blood-making material. It is highly beneficial in chlorosis, anemia, neurasthenia, extreme loss of blood, after operations, in convalescence, etc. Lysidine is a preparation of strongly alkaline reaction, possessing five times the power of Piperazine as an uric acid solvent and is especially indicated in gouty patients.

THE preparation Melachol is known to the public as a painless laxative and superior nerve tonic; to the surgeon, physician, general practitioner and specialist, it is known as a certain stimulator of the entire glandular apparatus of the human system. Scrofulous ophthalmia, icthyosis, chloasma, jaundice, hepatic congestion, gall-stones, chills and fever, incipient cirrhosis, hemorrhoidal congestion or hemorrhoids, all forms of tertiary syphilis affecting either skin or nerves, in truth any disease of the epithelial cell, even to cancer itself, is as magically controlled by Melachol as pains are subdued by morphine.

"AS PLEASANT as honey," is the appellation given to the new Castor Oil — Laxol. In every household the virtues of castor oil are recognized, but its disagreeable and nauseous properties render its administration impracticable in many cases. Numerous at-

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tempts have been made by manufacturers to produce a palatable castor oil and at the same time retain its peculiarly agreeable laxative and cathartic properties. This has been most successfully accomplished in Laxol, which is being endorsed by hundreds of physicians and used in foremost hospitals throughout the country. A. J. White, New York, is the sole agent.

THE Materia Medica gives at least one safe intestinal antiseptic. It is Salol. Professor Hare, in the last edition of his Practical Therapeutics, says that Salol "renders the intestinal canal antiseptic, and so removes the cause of the disorder, instead of locking the putrid material in the bowel, as does opium." He regards Salol as "one of the most valued drugs in the treatment of intestinal affections." Have we a substitute for opium for the relief of pain? Here comes in the American coal-tar products the first of which, for the relief of pain, stands Antikamnia. Therefore, we conclude that to remove the cause, to render the intestinal canal antiseptic, we have an invaluable remedy in Salol; while to remove accompanying pain, to quiet the nervous system, and to reduce any fever which may be present, we have a remedy equally efficacious in Antikamnia; an idcal combination for the treatment of this large class of diseases, and we may specially cite typhoid fever. These two drugs are put up in tablet form, called "Antikamnia and Salol Tablets," each tablet containing two and one-half grains of Antikamnia and two and one-half grains of Salol.

IT is interesting to note the development from a commercial as well as a scientific point of view of an article whose therapeutic properties once gains recognition. The credit of introducing the Kola nut to American commerce is claimed by the well known Detroit manufacturers and importers, Frederick K. Stearns & Co. Prior to this circumstance the Kola nut was looked upon as a curiosity, and it was not till after its valuable medicinal properties were thus made known that its commercial value was asserted. At the present time the firm imports about a ton of the fresh nuts every month, reserving a quantity out of each importation for experimental purposes. Only the fresh nut is of any value for scientific uses. Experiments have shown that Kola is useful as an aid to physical endurance. The preparation listed as "Kola Stearns" is proving of great value to pedestrians and bicyclists making long journeys.

SOLUBILITY is the feature par excellence in a hypodermic tablet. No matter how accurately made nor how pure the drugs it contains, unless the tablet is rapidly and perfectly soluble it is not apt to be received with favor by the profession. Some manufacturers excel in the production of hypodermics either in the method of manufacture or the choice of diluent or maybe in both and among these it is fair to state that our fellow-Baltimoreans, Sharp & Dohme, take high rank. While comparisons are always odious, yet, in the interest of real advance in therapy and pharmacy, each of us should take the time to make a few comparative tests of tablets, pills and other forms of medicinal agents, as in no other way can we so accurately determine the relative merits and demerits of these preparations. Samples are so easily obtained from the different chemical houses that in the case of hypodermics for example the tests can be most inexpensively made.

IT is not often that we hear of a patient that is made to undergo three such serious diseases as la grippe, diphtheria and typhoid fever, in rapid succession. But such was the case with the daughter of Dr. Wm. C. Boteler of Kansas City, Mo. In a recent issue of the *North American Medical Review*, of which Dr. Boteler is editor, a description is given of the case of his daughter, now four and one-half years old. After suffering with an unusually severe attack of la grippe, diphtheria developed as diagnosed by the Klebs-Loeffler bacillus. She had not recovered from this, in fact was attenuated to a dangerous degree, when she was stricken with typhoid fever. From a weight of forty pounds she was reduced to twenty, with almost total disability. Dr. Boteler describes her condition at this time as most pitiable. He then began the use of Paskola; and this is the way his report closes: "Its effects seemed instantaneous. She has taken the medicine now over a month, is playful, well and weighs thirty-four pounds. I can pay no better tribute to your worthy preparation than to say from this and other cases, I consider it the very best regenerative known to the profession."

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 21. BALTIMORE, SEPTEMBER 7, 1895. WHOLE No. 754

ORIGINAL ARTICLES.

NERVI-MUSCULAR ATONY IN GIRLS.

By Kate De W. Miesse, M. D.,
Easton, Pa.

HUXLEY says: "The human body is a living mechanism whose proper working we term health, its disturbance disease, its stoppage death." The management of this complex mechanism has claimed the attention of educators and scientists of all ages. Biblical history gives us the Mosaic laws for the preservation of health as valuable as the sanitary laws of today. Ancient and modern history are replete with efforts after physical perfection. The old Spartans sought to secure it by controlling marriage. The children born lusty and well-favored were turned over to the State for educational training. The deformed and ill-favored ones were cast into a deep cave. The Romans exposed their young. These methods were both unique and effective in securing the survival of the fittest.

Dyspepsia and deformity and leanness are no longer the tests of scholarship. We have outlived the asceticism that would torture and degrade the body that the soul might thrive. There are none left to agree with good Hannah More, who regarded a low fever as a marvelous means of grace. We of the nineteenth century regard it as an obtrusive microbe to be gotten rid of. It troubles us to see anemia, flabby muscles and nervelessness in growing girls. Youth should be a synonym for health. Through this discordant element of atony we find the

> "Sweet bells jangled,
> Out of tune, and harsh."

Sir William Gull refers to this condition of debility in the adolescent as nervi-muscular atony. It bears a slight physical resemblance to its remote relative, neurasthenia. Neurasthenia is a disease of brain-workers, whether obtained by wear and tear, grief and care, or by legitimate work overdone. It is an acquired condition. Nervi-muscular atony may be congenital. Erb, in an article on the "Increasing Nervousness of Our Times," defines neurasthenia to consist of increased irritability with great weakness and sense of fatigue and exhaustion on the one hand, and diminished power of work on the other. In nervi-muscular atony there is no overpowering sense of fatigue and exhaustion, but there is a distinct disinclination for exercise. These girls are often wrongly accused of being lazy. They are unequal to their tasks and exhaustion follows close upon the heels of either physical or mental exertion.

Neurasthenia is best treated by rest, while nervi-muscular atony is increased by it and benefited by systematic physical training individualized and specialized. Few school girls are thoroughly

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well, and they only are well who somehow or other secure active, vigorous exercise out of school hours. Most of them have small, weak arms. They never fully expand their lungs. Not one in ten could run a mile to save herself. Their elders recognize the fact, deplore it, wonder at it, and deliberately close every avenue through which they might gain bodily exercise. The girls are taught to regard manual labor as degrading. The condition of nervi-muscular atony indisposes them to exertion; hence, with rapid transit at our doors, their daily walks grow shorter and more infrequent. After early childhood, custom denies them the out-of-door sports of their brothers.

A few evenings ago, I saw a group of boys enjoying a hearty game of "tag" at a street crossing. I enquired what their sisters were doing. Four were practicing their music lessons, two were doing embroidery. I knew these six girls had been confined to the schoolroom all day.

One parent writes of his daughter's day's work as follows: "My daughter, aged fourteen, reaches home about four o'clock, spends one hour at the piano, studies until half-past six, after supper studies again until nine, in the morning studies until breakfast time." Another father writes: "My daughter averages five hours of study outside of school."

A few evenings ago I called at a home about ten o'clock. I saw the little daughter, a girl ten years of age, working away at her lessons. She could not sleep until they were "off her mind." Who among you could endure the daily strain of six hours' confinement to the school, plus five hours of outside study?

I do not believe these are exceptional cases. The utter exhauston of school girls after the burden of examinations is lifted is both pathetic and alarming. Charcot believes it impossible to overwork school girls. He claims when the limit of their brain power is reached, they give up work and do not make use of the will power to urge the tired brain to further effort. Few agree with him. Every physician can testify to the habitual headaches coming on towards the close of the day's session. These are due to something more than defective eyesight and faulty hygiene. Dr. Hertel, in his Denmark school investigation, found seven per cent. more illness among those with longer hours of study than among those with shorter hours. Axel Key in the Swedish schools found eight per cent. more illness in the first than in the second class, with shorter hours.

Children enter our schools with slight hereditary blemishes and congenital deformities, which the sedentary life and long wearisome hours augment. Scoliosis is a prevalent deformity among school girls, and one which school life fosters. A predisposing cause is this condition of nervi-muscular atony. Exciting causes may be found in a one-sided training of the body in writing, in carrying school books, in the habit of standing with one-sided muscular relaxation, sitting for three hundred minutes daily in uncomfortable seats whose backs do not support the whole spinal column, but touch it at a point or two.

All this occurs at an age when bone and muscle are most pliable. During Dr. Putnam's connection with Vassar College, sixty per cent. of the girls had spinal curvature when examined for the gymnasium. These girls had taken their college preparatory courses in both public and private schools. Health inspectors of Berlin schools report the appalling number of ninety per cent. It is a significant fact that among Swedish school children who begin gymnastic drill in the primary classes and continue it throughout their school course, inspectors found but ten per cent. This atonic condition of nerve and muscle tissue favors uterine displacements, and many a preventable case finds its way to the gynecological clinic. Dr. Weir Mitchell writes:

"Today the American woman is, to speak plainly, unfit for her duties as a woman, and is, perhaps, of all civilized nations, the least qualified to undertake those weightier tasks which tax so heavily the nervous system of man. She is not fairly up to what Nature asks of her as wife and mother. If the mothers of a people be sickly and weak,

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the sad inheritance falls upon the offspring."

Something must be done to give the girls increased vitality and more perfect development. Many higher schools and colleges are moving in the right direction by establishing gymnasia under the supervision of a medical director and a trained gymnastic teacher. A few of them give both medical and educational gymnastics. All report favorably upon the results obtained. These schools fail not only to reach the masses, but they fail also to reach the girls at an early enough age.

"The period from the beginning of the ninth to the end of the sixteenth year is a period of most rapid growth in height and weight. Excessive mental or bodily exertion, underfeeding, ill-judged deprivation of muscular exercise, may lead to irremediable stunting or enfeeblement. If physical education be neglected or misdirected during this period, if it be deferred to a more convenient season, it cannot accomplish its perfect work either as regards the promotion of health or the motor powers of the brain." (Dr. Hartwell in Boston Public School Report.)

Dr. Crichton-Browne says: "The centers of motor ideation require to be exercised that they may be properly developed, and may contribute usefully to mental processes. Hence muscular training is likely to assume a more important and precise place in our educational systems of the future, than it has in the past. The facts that the cerebral centers never properly exercised do not develop, and that when once developed they are not so liable to waste on the withdrawal of their appropriate stimuli, or when they are cut off from their natural activities, strongly inculcate the importance of educating every center at its nascent period and the danger of postponing education till the nascent period is over. . . . The defective exercise of any group of muscles during the growth-period of its own particular motor center will result in the dwarfing of that center. "We might deduce that swaddling bands so applied at birth as to restrain all muscular movements and kept on during infancy and childhood might result in idiocy. We should also infer, that in order to build up a strong and vigorous brain, we must insure free exercise to different groups of muscles in the order of the development of their centers, and must in no degree interfere with the natural sequence of their evolution. Suppose we are encroaching on the time at which the hand centers ought to receive their most valuable education, and are devoting that time to cultivating tongue and lip centers. Then we should be impairing the full development of the brain; for the hand-controlling center, if not fully exercised at its nascent period, can never afterwards attain to its highest cunning. It seems not only tongue, but hand, foot, eye, arm and every muscle of the body must be trained in due season if education is to do what we expect of it, and result not in headaches, imbecilities, nervousness and insanity, but in well balanced growth of body and mind."

The marvelous results of steady, persistent, definite training find illustration in Dr. Wey's "Experimental Class in Physical Culture" at the Elmira (New York State) Reformatory. Twelve men were selected between the ages of nineteen and twenty-nine years. None knew a trade; all showed mental and moral deformity. Some were not able to tell in what State or country they lived. In June, 1886, the class was organized, and for a period of five months the members received Turkish baths, massage, regular and severe daily exercise. At the close of the five months' trial period, they had improved in physique, in carriage and in self-control. So satisfactory were the results that the New York State Legislature appropriated funds for the erection of a gymnasium and bath room.

In order to train the girls that their lives fail not of their fullest possibilities we must reach them when they enter the primary schools, and hold them throughout their school life. We must reach them through a trained gymnastic teacher and under medical directorship. Children can no more wisely choose

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their own exercise than their own physic. Health may be made or marred by exercise. Many an athlete fails to pass muster for life insurance. This fact is not hostile to training. It only emphasizes the need of medical directorship.

Many of the medical laity believe the exercise of play-hours is all that is necessary. Professor Demeny says of this: "Play-hours do not constitute a complete physical education. There is exercise in play-hours, but there is not, properly speaking, training of the movements."

Many of them also believe the chief object of bodily exercise is the making of massive muscle. They must be taught that bodily exercise is "not mere muscle gymnastics, but pre-eminently nerve gymnastics." "It makes the muscles stronger and more enduring, but it fits the central nervous system for its most complicated functions." (Du Bois-Reymond).

Unless physicians, educators and legislators take hold of the question and agitate it as faithfully and stubbornly as William Lloyd Garrison agitated the slavery question, we must bear the bondage of weak, nerveless, anemic women to be mothers of the future daughters and statesmen and craftsmen. The object of this paper will have been attained if there be aroused a deeper interest among the medical profession, in the importance and necessity of *systematic physical training of childhood and youth*, and their coöperation secured with legislators and educators to effect this end.

TEN MINUTES IN MEDICAL ELECTRICITY.

READ AT THE FORTY-FIFTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, MAY, 1895.

By George S. Hull, Ph. G., M. D.,
Chambersburg, Pa.

I HAVE thought best to spend the ten minutes allotted to this paper, in speaking, first, of some of the sure effects of electricity, and then of some phases of electric humbuggery.

Under the electrolytic effects, upon which we can always depend, I will consider, first and tersely, the removal of superfluous hairs by the galvanic current. Eight or ten Leclanché cells will furnish us the desired current, when connected in series. We select this well known cell because it is inexpensive, free from odor, cleanly and easily kept in order. Physicians not able to purchase the "regular outfit" can readily set up this simple battery. The handle carrying the needle is connected by means of a conducting cord of ample thickness with the zinc rod, making it the negative electrode. The cord leading from the carbon, in the porous cup, is attached to a metal or carbon disc, covered with chamois skin, and is the positive electrode. When the needle is inserted along the hair and to its root, the current is made by pressing the moistened positive electrode against the palm of the hand, or by dipping the fingers into a bowl of water in which the electrode is immersed. Soon a few bubbles of hydrogen escape along the needle, and shortly very gentle traction will remove the hair. A brief practice will enable one to ascertain just how long to keep the needle in so as to effectually destroy the hair follicle. Too short a time, especially with a feeble current, means failure; too long a time, or too strong a current, may mean a scar more or less serious. Hairs which return should receive a second application of the current, which is fatal to them; sometimes they are so much diseased that a simple extraction of them is sufficient. It is not well to remove too many hairs in close proximity, as the coalescing of several trifling points of inflammatory action may result in a deforming abscess.

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The needle, which is preferred by the writer, is of steel, and is neither thick, stiff nor sharp — if a needle can be made flexible enough to follow a hair to its root, when its course is not in the direction it seems to be, then the ideal needle is at hand. A good light, a strong lens (10 to 12 diopters) and a steady hand are necessary requisites.

It is well to limit one's self to from 40 to 60 hairs at one sitting, to do it well; and, if carefully done, the percentage of returns will be small, not over five or ten per cent. Complaints of pain are but seldom made during the operation, and the reaction from the punctures, which is like that from the bite of a mosquito, passes away in a few hours.

When the electrolytic action seems to be lessening, as evidenced by the tardiness with which the bubbles of gas make their appearance at the needle, two things need be looked after: first, that the connections with the cells are all clean and tight; second, that the liquid in the cells is up to the required height (within one and a half or two inches of the top of each cell). If still the action is deficient, some ammonium chlorid should be put in each cell (originally the cells had six ounces in each). If still no betterment, and the zinc rods are in fair condition, then the depolarizing material in the porous cups, surrounding the carbon, is exhausted and cups like the ones removed must be purchased. Sometimes, if the cells are used for too long a time at a sitting, or sittings are repeated at very short intervals, the current runs down from polarization, and all that is needed is to rest the battery for a short time. One should limit the number of cells used to the effect, not aiming to "burn out" the hairs too rapidly, allowing from ten to twenty seconds for each hair.

Once in a while we hear of the current from an induction coil being tried by one who thinks that electricity is the same in its effects no matter from what source it comes; he generally succeeds in producing plenty of pain and mental impression, but the hair remains intact. What is demanded is a continuous current of sufficient electromotive force to furnish the required strength of current working through the high resistance of the body. The faradic current, from the induction coil in the ordinary physician's battery, gives plenty of electromotive force, but it is constantly reversing its direction and gives far too little quantity.

After becoming expert in removing hairs, one soon learns to remove moles, warts and other blemishes.

The so-called galvanic current from a battery of from 25 to 100 cells is used, though without such uniform success, in many uterine disorders. In such use, however, both the galvanic and faradic currents must be thoroughly understood to be rightly, and even safely, applied. Only the skillful should be trusted here, where milliampèremeters and rheostats and carefully selected induced currents are necessities. Abnormal growths may be resolved by the use of the galvanic current, while normal tissues may be built up by the faradic. There is a vast difference, however, between the appliances and methods used when one removes a malignant growth by bipolar electrolysis and then applies the zinc amalgam cataphoresis to the cavity, and when one simply applies the faradic current to a relaxed organ.

This large and tempting field our ten minutes' limit compels us to pass over with merely the mention of it.

We must say a word about the batteries used for electro-cautery, which is merely the use of a heated loop or spiral of wire which can be placed in position cold and almost instantly heated to any desired temperature. Of course the faradic current from our ordinary "Physician's Battery" will not do for this; and our Leclanché cells, in series, as described, will not give sufficient quantity to heat the thickness of wire generally used. The cells should have large zinc and carbon plates, so as to get abundance of chemical action; and two or three of such cells, in series, will generally prove sufficient. We want a large quantity of current under low electromotive force, as the resistance of the circuit is small.

A good storage battery is both con-

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venient and safe. It may be charged from the street mains at night and be used during the day, as desired; or the current direct from such mains may, with proper regulation, be used without danger; the same cannot be said of such current when used for electrolysis, even with the best regulators.

It must be admitted that electricity, properly applied, is a most valuable therapeutic agent, but it is far from a cure-all. The extraordinary claims of some electropaths are unwarranted, and the bold assertions of advertisers who flood the medical market with multiform electric devices are often ridiculous in the extreme. But electric humbuggery seems to have fastened itself upon the people; they like it and pay well for it. One man wears an "electric belt" for his weak back, which can only strengthen the weak muscles there by its added weight of zinc and copper giving them some additional exercise, or its irritation stimulating the circulation of the parts, or his faith in it curing some imaginary trouble in the parts. There is no electricity worth speaking of generated by the device, and if so, no way of getting it to the muscles. Another man "smells the electricity" from an "electric inhaler," after having been "out with the boys," and the pungent odor of oil of mustard does what it can to revivify him. It is claimed for this same "inhaler" that it will pass so much electricity through the skin in cases of neuralgia, that it will blister the surface; it really does, but a mustard plaster, though not so handsome as the plated "inhaler," is identical with it in every other respect, and there is no more electricity in the "inhaler" than in the mustard plaster. An elderly lady wears an "electric head-band, with an extra attachment for removing wrinkles" by increasing the tissues of the parts, while a younger dame puts on an "electric corset" which will remove excessive stoutness, and "has been worn by Lady Jersey and other ladies." These devices with such inconsistent and ridiculous claims were actually on exhibition at our recent Columbian Exhibition. A prematurely aged man uses an "electric hair-brush" on his bald pate, which, if the bristles are stiff, may help him by friction, but not by virtue of any electricity in it. The brush may seem to establish its claims by attracting the needle of a small compass, but the feeble ampèrian currents in the concealed magnet never get to the hair follicles. Then there are "electric towels," which actually have induction coils attached to them, and one can actually feel the current; but instead of being satisfied in pushing these solely on their merits as being good for stimulating the skin (and hard to keep in order), they claim for them the power of destroying typhoid fever germs, and all other pathogenic germs for which they can find the names.

These and many other so-called wonderful achievements of electricity are new, though still startling. But now we have to record the surprising claim that electricity, properly applied, has to do with getting oxygen into the blood through the skin. As "devitalization of the blood" is claimed to be the "sole cause of disease," therefore an instrument (which nobody understands but the inventor) to produce "polar attraction" on the surface of the body, so the oxygen can be absorbed, is all that is required. "All poisonous medicines are strictly forbidden" or the "polarizer" will not work as the materials in the "polarizer" are "imperishable," and the "value of each instrument increases with age," fifty dollars is, of course, a very moderate price to pay for one. But the very claim that the material which generates the force is imperishable proves at once and conclusively that there is no electricity about the device, and granting that electricity was capable of driving oxygen into the blood vessels, the question might be asked with propriety, whether the lungs should be thus interfered with in their function. Right here I would modestly venture a suggestion that it is not oxygen that the "polarizer" causes the skin to absorb, but the new element in the air, argon. So little is yet known about argon that the claim that it produces miraculous effects upon the sys-

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tem when driven in through the skin might be hard to disprove, so if the Ralstonians, whose "glame" in the air might be identical with argon, do not claim priority, why should not the "polarizer" people patent the argon idea?

To lie down upon a downy couch when one is over-worked or ill, and by a conducting cord running from one's ankle to a "polarizer" and another cord leading from the instrument with its "imperishable" material to the moist earth, or a cake of ice; to lie down and even cease from the labor of breathing, and have this perpetual-source-of-energy machine force oxygen, or argon, or something even more mysterious, into one's blood and give new life to every part, 'twere a "consummation devoutly to be wished."

A CASE OF FEMORAL HERNIA OF A CYST OF THE BROAD LIGAMENTS.

READ BEFORE THE CHICAGO GYNECOLOGICAL SOCIETY, JUNE 21, 1895.

By Samuel L. Weber, M. D.,
Chicago.

APRIL 26 last Mrs. D. consulted me about a swelling in the groin that came suddenly three days before. She is a small, slender woman, 31 years old; has been married eleven years; has had four children, the youngest is two years old. Forceps were used at first delivery; perineum lacerated and sewed up after the second. Has had no trouble during any of her pregnancies and no miscarriages. Children healthy and living. Menstruation regular since last baby two years ago. Has had no gynecological troubles, no hernia. Has been thoroughly healthy in every way until present time.

Three days before coming to see me she was washing, and while lifting an unusually heavy boiler containing the wash she felt something give way in her right groin with a sharp though not intense pain. She continued her work, and on undressing in the evening she saw the lump in her groin. Three days later the swelling had increased somewhat since its first appearance, but gave her very little annoyance.

Examination:—She is a small, thin woman of wiry, muscular development, has very little subcutaneous fat, but is of healthy color and appearance. In the right groin is a movable, fluctuating tumor, about five inches long and about two and a half inches wide, lying with its long axis parallel and just above Poupart's ligament. It is fairly movable under the skin, and is attached below apparently at the femoral opening. The tumor is not tender to manipulation, distinctly fluctuates, cannot be diminished by pressure, and is not increased nor is there any impulse on coughing or straining. The skin above it is natural.

I recognized it as an irreducible femoral hernia, but was at a loss as to its contents. Absence of pain, colic, and of interference with the movements of the bowel excluded gut or omentum. Vaginal examination was negative, except that the right broad ligament seemed a little fuller than the left, but so little fuller that I attached no importance to it. The uterus and both ovaries were in position and normal.

In order to watch the case awhile I asked her to call again in two weeks. Two weeks later she came. Everything was just the same. She thought the tumor was just a little larger. She had continued to have no inconvenience of any kind, except that when she bent over in her work the tumor was in the way. I told her that whatever the thing was, the operation would be the same. She consented to an operation to have the hernia removed.

I operated May 5. The usual incision was made. The sac was very thin, and the hernia was easily separated

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from the surrounding tissues until the pedicle was reached. The pedicle or neck of the sac was of denser tissue; its diameter was about that of a lady's little finger, and entered the femoral canal, which was but little wider than normal. I incised the thin sac, which was very evidently not peritoneum, and about two-thirds of a pint of thin, light yellow fluid escaped. I endeavored to pass my finger through the neck of the sac for exploration, but it was altogether too narrow, and, not deeming it good for the patient to forcibly dilate, I explored with a long, thick probe, which to my surprise passed into a cavity to its full length. I thought for a moment that possibly I was in the abdominal cavity, but a moment's reflection showed me that its direction was not that of entering that cavity, but downward into the pelvis; besides, in manipulating the probe its movements were limited abdomenward. Holding the probe with my left hand, I inserted the index finger into the vagina, and then easily felt the probe in the right broad ligament. The cavity in which was the probe was a rather large one, judging by the freedom with which the probe could be moved about. It was just to the right of the uterus and close to that organ and to the vagina. There seemed to be hardly any tissue between the wall of the cavity and the lower part of the uterus. The tip of the probe could be felt close to the lateral wall of the vagina along its upper inch or inch and a half. The cavity was apparently empty. But little fluid could be presed out through the external opening by pressing on the cavity bimanually.

I tied the sac as high up in the femoral canal as I could, cut off the external portion, and finished the operation exactly as one for a femoral hernia. The wound healed by first intention and the woman was out of bed and without a bandage in two weeks. She has had no symptoms since and does her regular household work. Yesterday, about seven weeks after the operation, I examined her. The scar is normal; there is no indication of a recurrence. On vaginal examination I could detect nothing except that the right broad ligament is a little fuller than the left. The uterus and both ovaries are in place and apparently normal.

In the literature to which I have access I find no mention of a similar occurrence. This cyst of the broad ligament was either a parovarian cyst or one of the so-called duct of Gärtner. I am inclined to believe that it is one of the latter, on account of its closeness to the uterus and vagina, especially the latter, corresponding to the position of the remains of Gärtner's duct. This case cannot accurately be called a femoral hernia of one of these cysts, for the femoral ring was not enlarged; it was rather a hernial growth of the cyst. The cyst wall must have grown or been forced into and partly through the femoral canal, and then the unusual exertion of the patient on the day of the occurrence must have forced the cystic fluid into this pouch, which, under the hydraulic pressure, stretched and thinned out so as to contain nearly all of the fluid of the internal cyst. The result was an hour-glass formation. The external portion was forced to rise upward, as nearly all femoral hernias do. In this way the narrow neck was bent on itself and the contents of the hernia became irreducible. As to prognosis, if it is a parovarian cyst it will probably result in a cure, as so many of these are cured merely by tapping; if it is a cyst of Gärtner's duct it will very likely refill.

MÖBIUS ON THE CONTRASTS BETWEEN EXOPHTHAMIC GOITER AND MYXEDEMA.— In one case (*Boston Medical Journal*), we have enlargement, in the other diminution in the size of the thyroid gland; in the one a rapid, in the other a slow heart beat; in the one we have a fine skin, warmer than usual and inclined to sweat, while in the other the skin is thick, cold and dry; on the one hand we see increased mental irritability, a condition of irritable weakness, on the other slowness and dulness of mental action.

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CONJUNCTIVITIS.

By Edward J. Bernstein, M. D.,
Baltimore.

POSSIBLY a word or two on the subject of conjunctivitis may not go amiss, in view of the prevailing (almost) epidemic of this trouble. Hardly a day passes without my seeing some of these patients. It seems a cross between an acute catarrhal conjunctivitis and the "Frühlings Katarrh" of Fuchs. The essential difference between these two affections and the one in question is the following: Conjunctivitis catarrhalis begins on the tarsal conjunctiva and is most pronounced in the folds of this membrane. Only in very severe cases does the inflammation extend to the ocular portion and where this is the case the lids are frequently swollen and it occasionally happens that ulceration of the cornea may ensue in the most severe forms. "Frühlings Katarrh," as its name implies, is met most frequently in the spring of the year and is a chronic trouble characterized by inflammations of both ocular and tarsal conjunctiva, which looks as if it were studded with papillae, giving it the appearance of a fine nutmeg grater. The whole membrane, besides this, seems as if seen through a veil, much the same as though a thin layer of milk were poured out over it. On the limbus of the cornea, on its outer and inner side, small, hard, granular knots form, often stretching into the transparent cornea. The difference between these knots and the phlyctens of lymphatic conjunctivitis is that they do not ulcerate, but are constant and may remain for years. It also affects males most frequently and usually youths or in early manhood. Both eyes are usually affected and it is chronic.

The conjunctivitis under discussion, singularly enough, affects only that portion of the ocular conjunctiva not protected by the lids, though of course, after it has been standing some time, the contiguous portions are also affected, but the aforesaid portion always remains most seriously affected. It begins in one eye and may be confined to it alone, though frequently the second eye also takes on the inflammatory action, not so intense as the first and most probably by infection from the secretion of the eye first affected.

The conjunctiva (ocular) is covered with a meshwork of tortuous blood-vessels and in between these we see the membrane highly granular; around the limbus it is so much thickened that it overlaps the transparent cornea and at first blush looks like phlyctens. There is not much photophobia or lachrymation, but rather less than normal of the latter. There is, however, a muco-purulent secretion, which, I believe, is contagious. The lid conjunctiva seems normal. It shows no preference for age or sex, all being alike affected. As to its cause, it is very evidently due to some atmospheric condition or to foreign particles in the air. It is not due to foreign bodies getting under the upper lid, for if such were the case the whole conjunctiva reached by this lid would be affected and the part out of its reach would be free.

As to its being caused by some foreign substance likely of the same nature as the excitant of hay fever seems indicated by the fact that in several cases patients stated they were at first only troubled when they rode on some of the suburban car lines; when they remained at home they were free. Many of them show a periodicity indicating possibly a malarious origin, yet I would not be so sure that the periodicity was not due more to their traveling on the cars than to a miasmatic origin. Just why it should affect only one eye I can not explain, as people usually travel facing the direction in which they are going, not sidewise, as in the city street cars.

I treat them as if they were contagious and I believe I am on the proper

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track. I order a 0.5 per cent. solution of nitrate silver twice daily and a lotion of either acidi borici, 5 per cent., or corrosive sublimate solution (1-5000). The lids should be anointed on their margins with cold cream or some other bland unguent. The eyes should not be bandaged nor blue glasses worn if the latter can be avoided. Of course it is useless to warn medical men against the use of tea leaves.

SOCIETY REPORTS.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

The President, Dr. Wm. S. Gordon, in the Chair.

Dr. Jas. W. Henson read a paper on the HISTORY OF CHOLELITHIASIS AND THE ANATOMY RELATING TO THAT DISEASE. Among other things, he drew attention to the size of the cystic, hepatic and common bile ducts in their various parts, to the size of the opening on the papilla and to the relation of the duct, artery and vein in the transverse fissure of the liver. He stated that there were few muscular fibers in the coat of the gall bladder and these did not have much power.

DISCUSSION.

Dr. H. H. Levy said from all he could gather, he was very much under the impression that the muscular elements of the gall-bladder and ducts were very important, and if so, they must exist to some extent.

Dr. Hugh M. Taylor: In connection with the anatomy of the gall bladder, there are two important facts of which no mention has been made: 1. The rich system of lymphatics which, in certain conditions, will aid the diffusion of septic matter. 2. The rugae of the mucosa, which predisposes to inspissation of the bile and formation of stone.

Dr. H. H. Levy read a paper on the PHYSIOLOGY OF THE BILE AND GALL-BLADDER AND THE ETIOLOGY OF CHOLELITHIASIS. The color of the bile varies, as does its consistency. When fresh, it is slightly viscid, due to the mucus of the bladder and ducts. Normally, it is of a neutral reaction, but may be alkaline or even acid. The important constituents are: 1. Mucus, prone to decompose and cause alterations in the chemical constitution of the bile. 2. Bile salts, taurocholate and glycocholate of sodium. 3. Pigments, the chief being bilirubin and biliverdin, the former often occurring in combination with alkalies. It is similar to hemotoidin. 4. Cholesterin in small amounts, characterized by being laevo-rotary and occurring in rhombic plates that seem to have one corner broken off. 5. Diastasic ferment. 6. Traces of urea. 7. Inorganic constituents: salts as found in most other secretions, and a considerable amount of CO_2 in fresh bile, either free or in combination. The small amount of cholesterin is noteworthy. The secretion is not a mere filtration, but a product of the lower cells, always going on, greater at times than at others. It does not pass immediately into the intestine when digestion is not taking place, but regurgitates to the gall-bladder, where it is kept until needed. The quantity secreted in twenty-four hours is about $\frac{1}{14000}$ of the body weight; and the period of greatest flow into the intestine is about three or four hours after the ingestion of food. Circumstances influencing secretion are: 1. Food. Nitrogenous increases it more than vegetable, while fatty foods have no effect. 2. Water in large amounts increases the quantity but lowers the specific gravity. 3. Other things equal, an increased blood supply increases the quantity, and *vice versa*. 4. Any condition increasing disintegration of the red corpuscles increases the quantity of bile. The flow is influenced by: 1. The vis a tergo. 2. Descent of the diaphragm pressing on the liver in inspiration. Negative pressure produced by inspiration also aids it. 3. Contraction of the muscular fibers of the bladder and ducts. 4. Stimulation of the cord, as by passage of food into the stomach and duodenum. In connection, a practical point to note is, a small amount of resistance to outflow

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is sufficient to cause stagnation of the bile.

Disposal of the Bile.—The water aids the maintenance of the softness of the feces. Mucus passes out unchanged. The pigments do not appear in their own forms in the excretions, but as hydrobilirubin, urobilin and stercobilin. The meconium of the fetus contains the pigments unchanged. The bile salts are mainly reabsorbed. Chlolesterin and lecithin are found in the feces.

Composition of Gallstones.—Cholesterin constitutes, by far, the greatest number, but all do not contain it, and, often it is mixed with fatty or saponaceous matters, or pigments. Some are composed of bilirubin (mostly in combination with calcium), in strata or masses of cholesterin. Hydrobilirubin may alone form them; as also may glycocholate and taurocholate of calcium. Many are made up of fatty acids and soaps. Mucus and epithelium occasionally constitute small stones, or the nuclei of larger ones. Sometimes they are formed of the oxides of the heavy metals with occasionally nuclei of globules of mercury; and sometimes there is a chalk stone of the earthy carbonates. The nucleus is mostly composed of a little mucus from the gall-bladder. The physical characters are varied, some being white, simple and homogeneous; but more commonly they are mixed either in radiations from the nucleus or in concentric rings around it. The crust is nearly always of pure cholesterin, but sometimes it is formed of fatty acids, coloring matter and cholesterin.

Etiology.—The oldest supposable cause for the formation of gall-stone is inspissation, but it is rare to find all the constituents of the bile, except water, in a single stone. Other theories are, lessened secretion of sodium; action of an acid; increased amount of lime, forming with the pigments a nucleus; secretion of calcium from the mucous membrane of the gall-bladder. All stones, however, do not contain all these substances. Formation is chiefly due to the precipitation of some one substance and this does not occur until the glycocholate or taurocholate of sodium decomposes, when the reaction is changed to acid. In order that the concretions should be of any size, it is necessary for the bile to be retained in the gall-bladder or ducts, for some time. Sometimes erosions are found in the stones caused occasionlly by depositions; sometimes they divide and these conditions make their disposal easier of accomplishment.

The influence of age on the formation of biliary calculi is difficult to understand, unless it be due to the habit and changes age brings. They are most common over 25 years. Females are more prone than males, three to two. Multiparity predisposes, as do diseased conditions anywhere: morbid changes in the liver and its passages, cancer, adhesions to various organs. Another cause is sedentary habits. Too long intervals between meals favors stagnation. It is doubtful if there exist a diathesis, predisposing to stone.

DISCUSSION.

Dr. Taylor quoted Murphy of Chicago, who says the gall-bladder plays an insignificant part in the storage of bile. If this is not so, removal should be attended by disastrous results upon the system. In fact, it is not. It is always found filled with bile whose specific gravity varies from that of the liver. It subserves the purpose, says Murphy, of controlling the discharge, making it continuous, by keeping up the tension like the second bulb of an atomizer. A puncture of the gall-bladder does not contract and the bile continues to flow from it, demonstrating the absence or inefficiency of the muscular fibers.

Dr. Landon B. Edwards contended that if the bladder acts as a second bulb it must do so continuously, causing it to empty itself, eventually. Then if a puncture allows the continuous escape of bile, where can it come from? The bladder may act as the first bulb, but to his mind, the second bulb idea is erroneous.

MARK W. PEYSER, M. D.,
Secretary and Reporter.

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MEDICAL PROGRESS.

THE CODE OF MEDICAL ETHICS.— Professor Wood lays down the code of medical ethics, in the *Boston Medical Journal*, as follows:

1. To consider the doctor as a member of your own family, having an inherent right to your medical services; but to remember yourself not to abuse this right.

2. To consider any discovery or any invention you may make as belonging not to yourselves but to the general profession.

3. Never in any way to laud your own medical skill or to attempt to supplant in public or private estimation one of the medical household.

4. To join yourself as soon as may be to the incorporated companies of your fellows for scientific and social intercourse, and for the cultivation of that professional conscience which often binds men more closely than their personal sense of right and wrong.

5. Through good and ill report to stand by members of your own profession, unless they be guilty of moral evil.

* * *

THE HEART AND THE BICYCLE RIDER. — Sir Benjamin Ward Richardson, in *North American Review*, says: Grave injuries are done to male or female by the bicycle, especially through the heart. Doctor Kolb and myself have found that as soon as brisk cycling has commenced, the motions of the heart begin to increase. In this respect cycling differs from many other exercises. Rowing tells most on the breathing organs; dumb bells and other exercises where the muscles are moved without progression of the body tell most on the muscles; whilst in climbing and long pedestrian feats it is the nervous system that is most given to suffer. There is not a cycle rider of any age in whom the heart is not influenced so as to do more work, and although in skilled and trained cyclists a certain balance is set up which equalizes the motion, such riders are not exempt from danger; I have known the beats of the heart to rise from eighty to two hundred in the minute, in the first exercise of riding, an increase which, for the time, more than doubles the amount of work done — a very serious fact when we remember that the extreme natural motion of the heart allows it to perform a task equal to raising not less than one hundred and twenty-two foot-tons in the course of twenty-four hours — that is to say, over five foot-tons an hour. In the young the heart is undergoing its development, and is an organ which cannot without danger be whipped on beyond its natural pace. What occurs with it under such circumstances is that it grows larger than it ought to grow, that it works out of harmony with the rest of the body, and is then most easily agitated by influences and impressions acting upon it through the mind. I have many times seen this truth illustrated too plainly, and I doubt whether in the young, after extreme exercise, such as that which arises from a prolonged race, the heart ever comes down to its natural beat in a period of less than three days devoted to repose.

* * *

THE IMPROVEMENT IN TEACHING.— In all our schools you will, I am sure, says Dr. Russell Reynolds, in the *Lancet*, find very great improvement in the mode and scope of teaching; and this especially in its being less didactic and more practical. Much of the old-fashioned, often dreary, "lecture" of an hour's duration has passed away, and in its place is a "demonstration," an "object-lesson," a conversation, or examination. These are more useful and therefore more attractive to the students; and, at the same time, more trying, but none the less efficiently rendered by the teachers.

Again, in clinical teaching you will observe much more and closer personal relationships, not only between the physician and the student, but between the student and the patient. The latter is not a mere "dummy" in a bed, exhibited as a specimen of this disease or that, but a "human being" to be spoken to and to help you — I mean the student, to find out whether or no the card at the

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head of his bed, on which the diagnosis of his malady is supposed to be written, is correct, or as full as it might be.

Then there is another point which has struck me much during the past ten years, and especially so whenever demonstrations are being given, either at the bedside or in the laboratory, namely, the far greater interest and earnestness which characterize the student of today as compared with his predecessor. Much of this is, I think, due to the indulgence of a larger hope. Hidden, as still are, the great mysteries of life, there yet are definite facts to be grasped by the mind, to be seen and handled, not only imagined or asserted; and the place of these facts in the economy of Nature, their bearing upon others, and their relation to work yet to follow, give a precision and confidence to study that is, comparatively speaking, of modern growth. There was plenty of assertion and show of knowledge in the past; but even the teachers did not believe the half of what they taught, nor comprehend the half of their sage pronouncings. Nature has, as it were, taken man more into her confidence, and daily reveals so much, even while concealing more, that the learner stands firmly on the ground he has gained, instead of trembling on a quagmire, the length and breadth and depth of which he could not see and did not care much to imagine or investigate. He felt sure of little then but of his own and his teacher's ignorance, but now he grasps much that is ascertained truth and such as can be seen, shown, measured and recorded with perfect accuracy.

* * *

THE DIAGNOSIS OF INTESTINAL RUPTURE.—Dr. Berndt, in the *Medical Record*, discusses the question of intestinal rupture from the diagnostic point of view, emphasizing not only the difficulty of establishing the certainty of a lesion of the gut wall, but also the importance of so doing in order to enable the surgeon to undertake an early laparotomy. The effects of a severe contusion are very similar to those produced by rupture, but the author points out that while vomiting is present in both cases, its nature varies so much as to constitute it an important element in diagnosis. In simple cases of shock the vomiting is reflex in character, and, although repeated two or three times, is never very serious. On the other hand, where the intestine is ruptured, it is due to the extravasation of the gaseous and fluid contents of the bowel into the peritoneal cavity, and is then always of a persistent and intractable character. Sundry recent investigations are added in which this opinion has been strikingly confirmed.

* * *

SUCCESSFUL LIGATURE OF THE INNOMINATE ARTERY.— Mr. Coppinger's patient, whose innominate and carotid arteries were simultaneously ligatured in 1893, and whose progress towards recovery was noted in this journal (*British Medical Journal*) during many weeks, is now about being presented for inspection in London. The operation was performed at the Mater Misericordiae Hospital in January, 1893. The patient was shown six weeks later at a meeting of the Royal Academy of Medicine in Dublin as a case of successful ligature of the innominate artery, and was exhibited six months afterwards at the meeting of the British Medical Association at Newcastle-on-Tyne, as an instance of cure of subclavian aneurism by simultaneous ligature of the innominate and common carotid arteries. The patient, a man, aged 55, is now in good health — two years and a-half after operation — and is the only living example as yet exhibited in Europe of cure of subclavian aneurism by innominate ligature.

* * *

A SERVICEABLE RULE.— Dr. Goodell, says the *Medical World*, never passes a sound into the uterus without first demanding a full history of menstruations. Attention to this rule will often prevent your tendering the designing patient a cheap abortion. Even with a clear history, he repeats the rule of the elder Dr. Goodell: "Cervix hard as the tip of your nose, no pregnancy exists; cervix soft as your lips, pregnancy almost certain to exist."

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Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, SEPTEMBER 7, 1895.

Exophthalmic Goiter.

In an interesting paper published in the *Boston Medical and Surgical Journal* of August 8, Dr. J. J. Putnam of Boston discusses the various theories advanced with reference to the nature and origin of exophthalmic goiter. Although the subject is in a state of uncertainty from which it is impossible as yet to free it, it has an intrinsic interest which is enhanced by the able manner in which Dr. P. handles it. There are three theories prevailing: 1. That it is due to localized lesions of the medulla. 2. That it is a neurosis. 3. That it is of toxic origin, and related to disease of the thyroid.

He suggests in advance that each of these views may contain some part of the truth, and only needs the genius of some one to unite them into one generalizing conception.

With reference to the first, we can scarcely omit the medulla from a participation because in it lie the principal centers of cardiac activity and regulation of the vaso-motor system, of the sympathetic nerves, of sugar digestion and many more, whilst close by are the centers for the ocular muscles. It is also an important emotional center. Again the typical symptoms of the disease have been excited by operations upon the medulla and its nerves. But this theory cannot be maintained in the absence of constant and uniform lesions, and against it is also the fact that no known lesion of the medulla gives rise to such varied and numerous symptoms.

Of the toxic theory we must still say *non constat*. The strongest argument in favor of a thyroidal toxic influence is that drawn from the benefits of thyroidectomy. This operation, but recently introduced, has multiplied of late with great rapidity. Kocher of Berne has had over 50 cases in 2000 goiter operations of all sorts. The result has been very satisfactory, particularly from ligature of the thyroid vessels (three of the four only should be tied). But this satisfaction is marred by occasional unaccountable death. Improvement in these cases is sometimes rapid, sometimes very slow. Other methods acting on the gland with occasional favorable results, are the internal use of iodine, revived in the clinics at Berne, and electricity. Putnam has found the latter of real service, powerful and prolonged Faradic currents being applied, so as literally to squeeze out the contents of the gland. On the other hand, occasionally diminution in the goiter and improvement in the symptoms follows the use of the thyroid extract. Absence of thyroid swelling or other evidence of disease of the gland in many cases is also against this theory. And so is the absence of temporary aggravation of symptoms after the electrical squeezing process above referred to.

The discussion of the neurosis theory is conducted in a masterly manner. Dr. Putnam, however, does not favor the view so strongly advocated by Gowers, of location of the neurosis (if that be the explanation) in the medulla; he considers it certain that when lesions be found, possibly nutritional, they will be found not only there but also in the higher and related lesion centers and probably in the peripheral nervous system as well. In short, he regards Graves's disease as a "degenerative neurosis;" as one of the ways in which the nervous system suffers "dissolution;" as marking one of the many lines of cleavage at which the nervous functions break when exposed to strain.

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The Preliminary Examination.

It has always been considered a good and a wise rule to look well to the beginnings of what we undertake and to make sure that we get a good start. In respect to medical education, we have long ignored this salutary regulation. Young men were admitted to the study of a most difficult and abstruse science, replete with a technical nomenclature, and requiring for its mastery an extensive knowledge of physics, mathematics and chemistry without any preparation whatever. It was no uncommon thing in those days for a lad to leave his plough to attend medical lectures, and in some cases at any rate a youth might have passed through his entire medical career without knowing how to write. The writer has heard it assigned as a reason why written examinations were not held, that the students were not sufficiently educated to write their answers. Ignorance was rife and it was a wonder to many how students managed to get through.

It is no exaggeration therefore to say that in respect to the attainments of the student of today as compared with his predecessors of a few years back, there has been a vast improvement. We are in the transitional stage and we have n't gotten much as yet it is true, but let us be thankful for the little we have gotten and above all for the hope of better things which the future offers to us.

The regulations at present in force with regard to the preliminary examination are uniform throughout the United States, and embrace a certain amount of algebra, arithmetic, physics, Latin and composition. This schedule is sufficiently comprehensive provided it is impartially enforced. But is it so enforced? We have good grounds for thinking that it is not. There is the same difficulty here as in the finals, that a partial jury of the Faculty sits as judge of the applicant's attainments. The finals fortunately are now supplemented by the State examinations, and these can be relied on generally to correct the defects of the graduation examinations. There is no such corrective as yet in the case of the preliminaries and it is in connection with them that we would urge that a similar corrective be applied. Let the State Board be empowered to hold the preliminaries and let all students desiring to matriculate appear before it and obtain its sanction and permission as a prerequisite to admission to the colleges. If the State Board be unable by reason of present demands upon its time to undertake this additional duty let a new board, consisting of members of the profession at large, possessing the requisite qualifications, be appointed. In New York this plan has been adopted and is working well. The examinations there we understand are rigidly enforced and with the result of raising very materially the standard of qualifications of students and discouraging unworthy applicants. Lastly, let a suitable person or persons be authorized to conduct courses of study for the benefit of intending students that they be trained with as little delay as possible to pass these preliminary examinations. We understand that such a course will be inaugurated in this city during the month of September and we hope that it will receive liberal encouragement from both students and colleges.

* * *

The Apothecary in the Navy.

C. MARION DODSON, M. D., of this city, in a paper read before the Maryland Pharmaceutical Association, points out that the apothecary in the Navy still, as 30 years ago, stands with the crew before the mast. True, his pay has somewhat increased and he has a certain consideration on sea and land due to his education, social position and attainments, but he has not yet even the official standing accorded the captain's or paymaster's clerk. He points out further that the requirements of education have been steadily advancing and only graduates of pharmacy can now obtain such positions. The medical officer, on the other hand, has had his position advanced and now receives from $1500 to $5000 per year, whereas less than a century ago he received only from $300 to $500. His official standing has been greatly improved and new honors and titles have been bestowed on him. Dr. Dodson thinks that the relations between surgeon and apothecary are identical with those on shore. While he does not suggest in detail what the title or rank should be, he thinks that a proper grade and fairer compensation should be given and he urges that the pharmaceutical profession should unite in having a suitable bill framed and presented to Congress. We trust Dr. Dodson's suggestions will bear rich fruit and that our sister profession, to which we are so much indebted in every way, may, like the medical, obtain its just deserts.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 31, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		7
Phthisis Pulmonalis		18
Measles	6	
Whooping Cough	2	3
Pseudo-membranous Croup and Diphtheria.	13	8
Mumps		
Scarlet fever	15	
Varioloid		
Varicella		
Typhoid fever	14	1

There are ten physicians in the British Parliament.

New Orleans is to have a new system of sewerage to cost $8,000,000.

Yale will not lengthen its course to four years until September, 1896.

2750 members were registered at the recent meeting of the British Medical Association.

In the French Senate there are 37 doctors and in the Chamber of Deputies, 58.

The American Academy of Railway Surgeons will meet in Chicago, September 25 to 27.

Professor Franz von Ried, the oldest of the German surgeons, died recently at Jena, aged 85 years.

Mr. Christopher Heath has been re-elected President of the Royal College of Surgeons, England.

Professor Lister was presented with a portrait of himself on his retirement from King's College, London, July 31.

The woman's medical school in St. Petersburg, which was closed for political reasons in 1887, is soon to be reopened.

The Woman's Medical College of Cincinnati has united with the Laura (Presbyterian) Memorial Medical College there under the latter name.

The present Board of Health of Chicago is said to be composed of a dealer in flour, another in axle-grease, and another in the real estate business.

Professors Guyon and Lannelongue have been elected respectively President and Vice-President of the French Academy of Surgery.

The $10,000 Hodgkins Prize of the Smithsonian Institution was awarded to Lord Rayleigh and Professor Ramsey, of London, for their discovery of argon.

The College of Physicians and Surgeons of Baltimore intends to establish a department for the demonstration of Materia Medica and we learn that Dr. S. J. Fort of Ellicott City is to be the demonstrator.

The Fort Wayne College of Medicine has adopted the four year course but it is understood that only those who intend to graduate in 1899 must have attended a four years' graded course of study.

Bacteriologic examination of drinking waters are now made in North Carolina under the auspices of the State Board of Health, Drs. Albert Anderson of Wilson and W. T. Pate of Gibson's Station being the examiners.

St. Luke's Hospital, New York, has received a bequest of $200,000 from the late Rufus Waterhouse, the money to be applied to the establishment of a ward for consumptive sewing women, in memory of his wife, who was a victim to that disease.

According to Mr. Ernest Hart, in the French army where local water supplies are often bad and where typhoid till lately raged severely, its occurrence has been almost wholly destroyed and the army kept free from it by the use of the Pasteur filters.

The William F. Jenks memorial prize of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, has been awarded to A. Brothers, M. D., 162 Madison Street, New York, for the best essay on "Infant Mortality During Labor, and its Prevention."

The eighteenth annual reunion of the Pennsylvania and Maryland Union Medical Association was held August 29 at Chickie's Park, Columbia, Pa. Dr. George H. Rohé of Baltimore presided. The following were elected officers for the ensuing year: President, T. M. Livingston, Columbia, Pa.; Vice-Presidents, Chas. G. Hill, Baltimore, Henry Landis, Reading; Secretary and Treasurer, J. K. Lineweaver, Columbia.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending August 31, 1895.

Captain Julian M. Cabell, Assistant Surgeon, upon the expiration of his present sick leave, will be relieved from duty at Washington Barracks, D. C., and ordered to report to the Surgeon General.

First Lieutenant Frank T. Meriwether, upon the expiration of his present sick leave, will be relieved from duty at San Diego Barracks, California.

First Lieutenant Charles E. B. Flagg, Assistant Surgeon, upon his return from duty in the field, will be relieved from duty at Angel Island, California, and ordered to Fort Hancock, Texas, to relieve First Lieutenant Francis A. Winter, Assistant Surgeon.

First Lieutenant Winter, on being thus relieved, is ordered to Fort Grant, Arizona, for duty, relieving First Lieutenant George M. Wells, Assistant Surgeon. Lieutenant Wells, on being thus relieved, is ordered to Fort Mason, California, for duty, relieving Captain William L. Kneedler, Assistant Surgeon. Captain Kneedler, on being thus relieved, is ordered to San Diego Barracks, California, for duty.

Captain Walter D. McCaw, Assistant Surgeon, is relieved from duty at the Presidio of San Francisco, California, and ordered to Fort Ringgold, Texas, for duty, relieving First Lieutenant Champe C. McCulloch, Jr., Assistant Surgeon. Lieutenant McCulloch, on being thus relieved, will report in person to the Commanding Officer, Army and Navy General Hospital, Hot Springs Arkansas, for duty at the hospital.

First Lieutenant George M. Wells, Assistant Surgeon, granted leave of absence for two months, to take effect on his relief from duty at Fort Grant, Arizona.

First Lieutenant William W. Quinton, Assistant Surgeon, is relieved from duty at Fort Riley, Kansas, and ordered to Fort Logan, Colorado, for temporary duty at Fort Logan, Colorado, relieving Captain Louis A. LaGarde, Assistant Surgeon. Captain LaGarde, on being thus relieved, will proceed to Boston, Mass., and report for duty as Attending Surgeon and Examiner of Recruits.

Leave of absence to date from August 21, and to include September 30, 1895, is granted Lieutenant-Colonel John S. Billings, Deputy Surgen General, United States Army.

UNITED STATES NAVY.

For one Week ending August 31, 1895.

Surgeon J. E. Gardner, and Passed Assistant Surgeon F. J. B. Cordeiro, to temporary duty as members of the medical board at the Naval Academy, September 5.

CURRENT EDITORIAL COMMENT.

RECIPROCITY.

Virginia Medical Monthly.

We believe the day is at hand when it is safe to advocate the laws of reciprocity between States having boards of examiners who adopt the same standard of requirements. This is a matter which, from the very nature of affairs, must very soon engage the serious attention of the profession.

MENTAL THERAPEUTICS.

Philadelphia Polyclinic.

It is our duty as physicians to study the many questions involved in the subject of mental therapeutics more carefully than we have done, to rescue this important remedial agency from the hands of ignorant or designing charlatans, to establish scientifically its uses, and thus to prevent its manifold abuses.

SANITARY LEGISLATION.

Cincinnati Lancet-Clinic.

It is reasonable to believe that the mean death rate of the people of the great Central States can be reduced 25 per cent. within the next ten years. In order that this may be accomplished, with a corresponding reduction in the total amount of sickness, it is necessary that judicious sanitary laws shall be enacted. The advisors of the legislatures must be found in the ranks of the medical profession. For this reason medical men should be found on legislative tickets.

MENACE TO THE COUNTRY'S HEALTH.

Medical Record.

Every summer the eastern seaboard of this country, from New Orleans to New York, is threatened with an invasion of yellow fever by vessels hailing from Cuban ports, especially Havana and Santiago. Our only defence against this invasion lies in a quarantine service which varies in efficiency at different points and which may fail at any time in one of a dozen ports through a single error in judgment of the executive officer. This is a very weak defence, as the country learns to its cost every few years; yet as long as Cuba belongs to a foreign power and that one which ranks low in the scale of practical sanitation, so long shall we be menaced with every returning summer. The only way to escape the danger is to stamp out the plague in its home.

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NOTES.

SULPHUR is recommended as an antiseptic wound dressing.

*

ASAFETIDA is recommended in all nervous phenomena incident to pregnancy.

*

SAW palmetto in ten drops of the fluid extract is said to be a specific for sick headache.

*

FOR a hoarse barking cough without secretion, lippia mexicana is reported to be practically a specific.

*

INHALATIONS of a twenty per cent. solution of menthol is said to give most satisfactory results in certain forms of asthma.

*

A HYPODERMIC injection of nitro-glycerine, in doses of one one-hundredth of a grain, is said to relieve asphyxia from illuminating gas.

*

IT has been recently stated that convallaria acts particularly on the right side of the heart, while digitalis acts principally on the left.

*

ARSENIC is said to control repeated attacks of herpes. It may be necessary to continue the treatment over a period of two or more years.

*

ONE gramme, three or four times daily, of salophen in acute articular rheumatism answers every purpose when the salicylates are not well borne.

*

CHLORAL hydrate, in doses of two or three grains in a teaspoonful of syrup, every three or four hours, is said to exert a powerful influence for good in scarlet fever.

AMERICAN ACADEMY OF RAILWAY SURGEONS.

THE following titles for papers have already been received for the Second Annual Session of American Academy of Railway Surgeons, to be held in Chicago, Ill., September 25, 26 and 27, 1895: A Practical Way of Testing Railway Employes for Color Blindness, Dr. D. C. Bryant, Omaha, Neb. Railway Sanitation, Dr. W. M. Bullard, Wickes, Montana. Transportation of Injured Employes, Dr. F. H. Caldwell, Sanford, Fla. Traumatic Neurosis, Dr. Henry W. Coe, Portland, Ore. Concussion of the Brain, Dr. W. H. Elliott, Savannah, Ga. The Use of Gold Foil in Fractures of the Cranium and Resulting Hernia Cerebri, Dr. W. L. Estes, S. Bethlehem, Pa. Wounds that Open the Knee-Joint, Treatment, Dr. C. D. Evans, Columbus, Neb. Treatment of Wounds of the Face and Scalp, Dr. Chas. B. Fry, Mattoon, Ill. Sanitary Regulations Governing Railways, Dr. L. E. Lemen, Denver, Col. Injuries of the Hands and Fingers, Dr. John McLean, Pullman, Ill. How to Differentiate Between the Use of Heat and Cold in Railway Injuries, Dr. Wm. Mackie, Milwaukee, Wis. Intra-Venous Injection of Neutral Salt Solution in the Treatment of Desperate Injuries; Exhibition of Apparatus, Dr. C. B. Parker, Cleveland, Ohio.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 22. BALTIMORE, SEPTEMBER 14, 1895. WHOLE No. 755

ORIGINAL ARTICLES.

CEREBRAL HEMORRHAGE.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., MAY 7, 1895.

By E. L. Tompkins, M. D.,
Washington, D. C.

Two or three cases of severe hemorrhage of the brain, which have come under my care in my service at the Emergency Hospital, all of which ended fatally, have prompted me to report them to this Society. I will simply make a few preliminary remarks and then show you the brains, which have been in formaline.

Cerebral hemorrhage is generally treated first by the general practitioner and afterwards the neurologist gets him for the paralysis. Cerebral hemorrhage is the result, of course, of rupture of the blood vessels of the meninges or of the brain itself and the escape of blood into the adjacent tissues. If the extravasation be meningeal, its effects are exerted chiefly on the gray matter of the convolutions, if within the substance of the brain, tracts of fibers are torn across by the escaping blood and thus are separated from their connection with the cortex. Sometimes if the hemorrhage be within the brain, if the blood does not enter the ventricles, it exerts pressure on them and stops the flow of cerebro-spinal fluid.

The artery most frequently ruptured when the hemorrhage is on the surface is the middle meningeal. It is particularly liable to be involved in direct injuries to the head, as I will show you in one of the brains directly. Its area of distribution corresponds to that involving the motor areas and for this reason the blood extravasated from that artery is particularly prone to press on the motor convolutions beneath. If the escape of blood is sufficiently large, actual damage may be done these cortical centers, but if it is small, the brain is simply rendered anemic at the seat of pressure. If the clot can be located and removed by trephining, the functions may be regained, or if the clot be gradually absorbed, the same thing would happen but I doubt if it is ever completely absorbed. The inhibitory influence of the brain being cut off, there is generally exaggerated knee-jerk and frequently ankle clonus. It is also said that it is due to a structural change in the motor convolutions, followed by a descending sclerosis of those fibers that are anatomically associated with the cortical cells destroyed. This sclerosis can often be traced into the substance of the spinal cord.

The most common seat of intra-cerebral hemorrhage is within the substance of the caudate nucleus and lenticular nucleus of the corpus striatum and the thalamus of either hemisphere, what is commonly called the internal capsule. The right side appears to be more frequently affected than the left. The pons varolii and the cerebellum are often the

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seats of clots. There is usually a loss of consciousness in attacks of cerebral hemorrhage. Duret as quoted by Hammond accounts for it in this way. The caudate nucleus of the corpus striatum and the thalamus of each hemisphere enter into formation of the ventricles, hence any lesion of these ganglia would be liable to cause displacement of cerebro-spinal fluid and it is the displacement of the cerebro-spinal fluid that causes the loss of consciousness; also frequently in cerebral hemorrhage, the senses of sight, hearing, smell, taste and tactile sensibility are affected because their fibers run into the internal capsule.

Gray describes five different ways of recovery from hemorrhage into the brain substance.

1. The clot generally becomes encapsulated by the formation of a false membrane ; the surrounding tissue is at first edematous and pultaceous. The capsule may be a thin layer of thickened neuroglia or occasionally by the formation of actual fibrillous connective tissue.

2. A serous exudation combined with fatty metamorphosis softens and dissolves the clot and the débris of brain tissue and changes them into a yellowish fluid.

3. Bands of connective tissue form from the sides of the cyst so produced and traverse it in all directions.

4. After a lapse of time these connective tissue bands contract and draw the sides of the cyst in apposition, the fluid contents becoming absorbed to a greater or less extent.

5. A stellate and pigmented cicatrix often forms. A so-called apoplectic cyst may be formed, by absorption gradually taking place of the retrograde fatty metamorphosis of the fibrin of the clot and injured nervous elements, thus forming a cavity which is filled with a clear fluid, surrounded by a smooth wall.

Apoplectic cysts may assume two forms. 1. Where the blood is collected into a circumscribed mass, making what is called an apoplectic focus. 2. Where minute points of capillary extravasation are alone detected.

In regard to the most frequent seat of hemorrhage into the brain, Andral reports 386 cases, in which he found that the corpus striatum was involved in 61, the optic thalamus in 35, the centrum ovale in 27 and the centrum ovale and basal ganglia together in 202, and other writers give statistics which practically correspond with those of Andral. It thus appears that the lenticular and caudate nuclei of the corpus striatum were attacked in a very large percentage of all the cases and that the optic thalamus ranks next as the most frequent seat of hemorrhage.

Vascular changes in the vast majority of subjects have preceded the rupture of the cerebral vessels, unless it be dependent on traumatism. Among the conditions that tend toward rupture, miliary aneurism, atheroma and fatty degeneration of the vessels stand foremost. The various causes of embolism and thrombosis may also indirectly produce a hemorrhage. Increase of arterial tension may be a cause but the arteries are already diseased. In the general endarteritis which is associated with hypertrophy of the left ventricle, hemorrhage is rather frequent. Certain diseased organs may be factors in producing cerebral hemorrhage; for example, hypertrophy of left ventricle or valvular disease of heart, chronic nephritis, which induces changes in the coats of the blood vessels, miliary aneurism, compression of the jugular veins, certain blood diseases as chlorosis, scurvy, syphilis, typhus, gout, chronic alcoholism, rheumatism, etc.

Age has quite an influence, being more liable to occur after about 40, but Ranney says from 20 to 60. Men seem to be more liable than women.

There are usually some prodromal symptoms, such as headache, vertigo, insomnia, flushing or pallor of the face, bleeding from the nose, ringing in the ears, specks before the eyes, nausea, disturbance or thickness of speech.

Ranney regards epistaxis in old people as a bad sign. The actual symptoms of an apoplectic attack are modified by 1. The amount of blood that escapes. 2. The damage done to brain cells or nerve fibers. 3. By the seat of the clot. The onset may be sudden or gradual.

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A hemorrhage into the ventricles or in the medulla, pons or cerebellum, is liable to cause the patient to fall to the ground without a moment's warning, just as if struck by a blow, even though the hemorrhage is small. These are not typical, however, because they are so much less frequent than those in which the hemorrhage is upon the hemispheres.

The onset of a typical case of apoplexy is when there is loss of consciousness, which may be sudden and complete or gradual. During the comatose state, the face is usually flushed and swollen or pale and clammy, the eyes fixed, the pupils dilated (but this is not always the case), slow and probably stertorous respiration, pulse slow and full and limbs inert, sometimes there may be clonic convulsions or paralysis of an arm or leg or some particular muscles of the face. The temperature is generally subnormal, going down sometimes to 96°F. Conjugate deviation of the eyes, with rotation of the head away from the paralyzed side and toward the hemisphere which is affected often occurs as a temporary symptom. Death occurs in some cases in several hours or may be delayed. In favorable cases consciousness returns after a short time. The patient is liable to have cerebritis, beginning within the second week.

As said above, the internal capsule is the most frequent seat, as the anterior portion where the motor fibers come down from the hemispheres. When contractions of the affected limbs take place it is always a bad sign. It is of interest to note that in cases of monoplegia, the lesion is almost sure to be in the cortex. Ranney's formula for differentiating these lesions is as follows; 1. Cerebral paralyses occur chiefly on the opposite side of the body below the head; this is true of both sensory and motor paralyses. 2. Motor paralysis of cerebral origin is liable to be associated with more or less disturbance of sensation when the lesion is non-cortical. This is not the case, as a rule, when the lesion is situated upon the surface of the brain. 3. When sensory and motor paralysis coexist as a result of cerebral lesion, they are upon the same side; the reverse is true of spinal lesions. 4. Lesions within the cranium that cross the mesial line are liable to produce paralysis on both sides of the body. 5. Lesions of the base of the brain are more liable to produce paralysis of the cranial nerves than are those of the hemispheres or basal ganglia. Vomiting and choked disk are frequently observed in these cases. 6. The sensory areas of the cortex commonly give rise (when circumscribed lesions tend to impair or destroy their functions) to disturbances of vision, hearing, smell or touch. If the lesion be very extensive, hemi-anesthesia may be produced. On account of its having to be so extensive, it is seldom of cortical origin. 7. Consciousness is not usually lost with purely cortical lesions. Apparent exceptions to this statement occur, but they are attributed to the effects produced by the lesion on deeper parts. 8. Epileptic attacks (whose paralysis is of a transient character after the fit) indicate an irritation of the cortical motor centers by the lesion. This is what is usually termed Jacksonian epilepsy.

Cortical lesions may be indicated by 1. Monoplegia of the opposite side. 2. By disturbance of some special sense. 3. By the presence of consciousness at the time of the attack. 4. By an early rigidity of the paralyzed muscles. 5. By circumscribed pain at the seat of the lesion, which may be elicited or increased by percussion over the lesion. 6. Possibly by Jacksonian epilepsy.

Trephining would be contra-indicated if sensory and motor disturbances coexist in a purely cortical lesion, because it would necessarily be a large hemorrhage to cover both motor and sensory areas of the cortex.

One peculiarity of persons affected with cerebral hemorrhage is that they are very emotional, they cry or laugh without a just cause. I have noticed this many times myself, but do not remember having read of it in any textbook. If I were to go on into the various special types, it would make this paper very much too long, but one point seems important to remember, that if the facial muscles are paralyzed and

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hemiplegia coexists, the seat of the lesion is within the pons varolii. If in the upper part of the pons, the facial and body paralysis will be on the same side. If in the lower part of the pons, the facial and body paralysis will be on the opposite side.

The line of treatment of the cases that have come to our clinic has been very much the same. If a syphilitic history can be made out, we put them on the mercury and iodide treatment, or even if it is not syphilitic but of recent date, I put them on the same treatment. If it is an old case, he gets statical electricity to the paralyzed muscles and large doses of strychnia. Hammond claims that much better results can be obtained by giving the strychina hypodermically but it has been impossible for us to do that there as we only hold two clinics a week.

I have brought three or four brains here and before showing them to you, I will give a short history of the cases. I do not know anything of the previous history of any of them, as they were all brought in the ambulance and nobody could tell me a thing about them.

CASE I. — A man about 70 years of age was seen to fall in Lafayette Park. The ambulance was summoned and he was carried to the Emergeney Hospital. I saw him soon after. He was in a state of deep coma and it was impossible to tell whether he was paralyzed more on one side than the other. In fact, he did not move a muscle. The right pupil was contracted and the left dilated. Breathing was deep and stertorous and decidedly Cheyne-Stokes in character. The respiration finally got so slow as to number only about two per minute. It was thought that on account of the disturbed respiration, there was a clot in the fourth ventricle. He died in about four hours and this is his brain; it has been in formaline. You see these large clots, one in each lateral ventricle and a small one in the fourth ventricle. There was also a large quantity of blood at the base of the brain.

CASE II. — A colored man was brought in the ambulance. He was in a state of coma, both pupils contracted, his right side paralyzed. He would move his left arm and leg slightly when stuck with a pin. His coma became deeper, his respirations slower and he died in about six or eight hours after admission. This is his brain. You observe a very large clot in the left lateral ventricle, with only a small one in the right. This man's condition was very much like that of Case I.

CASE III. — This case is one of great interest and I hope the members of the Society will discuss it thoroughly, because as yet, the diagnosis is not perfectly plain. A woman was seen to fall in an alley and was found in an unconscious condition and brought to the Emergency Hospital in the ambulance. On examination I found that she was paralyzed on her right side, with the comatose condition still existing. The urine was drawn and examined. Albumen was found but no casts and no sugar. The next day she had recovered consciousness and could slightly move her right leg but could not move her right arm and while she could make sounds, she could not talk distinctly or even call the correct words, although she apparently understood exerything that was said to her. She was very emotional and wept whenever I spoke to her. I thought that the aphasia and paralysis of the right arm and partial paralysis of the right leg indicated a hemorrhage on the left cortex of the brain, involving the speech, arm and partly the leg centers and was of the opinion that trephining would be of benefit. So I consulted Dr. James Kerr, the surgeon to the Emergency Hospital, and he agreed with me exactly about operating. She was put under ether and Dr. Kerr trephined her and I assisted him. No clot was found; a small probe was introduced in different directions to see if there could be a clot or abscess or tumor, but nothing was found, except the convolutions immediately under the trephine were a little softer than the surrounding ones. The operation was rather long and tedious and she never seemed to rally very well and died about the fourth day from the operation. I examined her brain and sliced it up

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carefully but foumd no deep-seated clot. I now think there must have been an embolus there which escaped detection, as I was not expecting or looking for it and used a large, coarse knife and did not cut my slices very thin.

CASE IV. — This case is not one of such great interest. A negro man about twenty-five years old fell from a cart that he was driving and struck his head on the hard pavement. He was brought to the hospital and found to be completely paralyzed on his left side. He died before I arrived. The house surgeon said that he had looked carefully for a fracture but could not find one. On opening the skull a large clot of blood, about the size of an orange, was found on the right side between the dura mater and the skull. The brain substance was much depressed by the clot. On further examination a fracture was discovered, commencing at the upper border of the squamous portion of the temporal bone and extending downward through its petrous portion.

REMOVAL OF A SIXTEEN POUND OVARIAN CYST.

By J. M. Hundley, M. D.,

Associate Professor Diseases of Women and Children, University of Maryland.

WHILE I am aware that nothing is easier in all abdominal surgery than removal of ovarian cysts without adhesions, still this case has some features worthy of note in that it was complicated by a very general arterio-sclerosis. The arterio-sclerosis was most marked, so much so that we hesitated to advise an operation, but after keeping the woman in the hospital a few days we saw that it was impossible for her to live long with such pressure symptoms present and decided to operate. She gave the following history: She was fifty-eight years of age, white and single. For the past two years she had noticed that her abdomen was gradually getting larger. At first she did not think of it seriously until she began to lose flesh and was unable to move about without bringing on dyspnea. She was almost helpless when she came to the hospital, with a frightful pulse, 140 to the minute, and all her arteries that could be felt feeling as hard and rigid as pipe-stems. She had not menstruated for ten years. Had never had any womb trouble to her knowledge, though never was robust and always a dyspeptic. She had little or no appetite, a pointed and red tongue, bowels constipated. She was extremely emaciated. Upon examination the tumor was found to be an ovarian cyst filling the entire abdominal cavity and extending up to the ensiform cartilage. The most serious aspect of the case, however, was the arterio-sclerosis. She was passing an abundance of pale urine with a specific gravity of 1010 to 1012; no albumen or tube-casts were found. We looked after her general health and watched closely the kidney and endeavored to tone up her heart for a week prior to operating. With all of our efforts the condition of things remained about the same as when she entered the hospital. She was operated on July 26, 1893, by me, as Dr. W. T. Howard was absent from the city. I removed a non-adherent ovarian cyst weighing sixteen pounds (estimated). She had no fever of note after the operation, but the pulse remained for two weeks from 140 to 160 per minute in spite of all we could do. She, however, recovered and left the hospital August 27, and was still living some six months ago. The operation only consumed thirty minutes in all, when she was put to bed, free from shock, all of which enhanced very materially her chances for recovery.

CASE.—Sub-mucous fibroid removed by the vaginal route. Recovery.

I report this case to show that now and then one meets with cases of fibroids of the uterus of the submucous variety which can be removed by the method advocated by Dr. T. Addis Emmet with

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ease and safety, thereby saving to the woman her uterus and appendages. This case, the history of which will be given more in detail, was seen by me about three years ago. The woman was in a deplorable condition, her bladder was greatly distended with urine, reaching to the umbilicus, and the urine was constantly dribbling away. This enormously distended bladder complicated very much the making of an accurate diagnosis, and it was impossible at the time to pass a catheter, as the urethra was so firmly compressed against the pubic arch by the tumor.

I was sent for on July 22, 1892, to see Mary H. and obtained the following history. She was forty-three years of age and the mother of four children. She said that for some years, she did not know the exact number, she had been bleeding profusely and irregularly, often necessitating her to remain in bed a week or more at a time, being too weak from the loss of blood to be up and around. For the past three weeks she had been confined to the bed with hemorrhages from the womb, as she expressed it, and with severe and paroxysmal pains like labor pains. She said she could not hold her water, that it was coming away from her all the time. The woman was truly in a pitiable condition. With a feeble, quick pulse, a temperature of 102° F., looking as if she had lost the last drop of blood in her, suffering from nausea all the time and now and then vomiting, unable to take food, with great thirst and obstinate constipation, it was easy to see that the woman was in a critical condition, and unless relief could soon be gotten, the end was not far off. Upon examination I found coming from the vulva a malodorous, bloody discharge and upon introducing my finger within the vagina found the true pelvis filled with a mass about the size of a fetal head. This mass could be made out as partly within and partly without the uterus. Still it was not an easy matter to say how much of the tumor was in the uterus from the fact that the true pelvis seemed filled, and that being the case, the uterus was forced up above the symphysis pubis and away from the examining finger, and what further complicated matters was an enormously distended bladder already alluded to.

The diagnosis was made of a sloughing, sub-mucous fibroid partly extruded from the uterus. The woman was sent at once to the Maryland University Hospital and operated on by me the next day, July 23. Before the operation we succeeded in passing a catheter and drawing off the urine. The operation consisted in pulling down the tumor and cutting off piece after piece as it presented, then finally, with the hand in the vagina and the fingers within the uterus, with a pair of curved scissors directed by the fingers within the uterus the remaining portion of tumor was cut away at the uterine attachment. I endeavored by traction at the last to pull out of its bed in the uterine wall the pedicle, but failed and had to resort to the scissors. The uterus was washed out with hot carbolized water and loosely packed with iodoform gauze. The gauze was removed on the second day and the uterus again washed out, after which time only a vaginal douche was given twice a day. The woman left the hospital August 26, entirely recovered. There were no other fibroids that could be made out in the uterus.

THE TREATMENT OF INEBRIETY.—In the annual report of the Walnut Lodge Hospital for Inebriates, Dr. T. D. Crothers gives a record of 66 patients who had been treated in the institution previous to 1885. Of this number 21 have died after relapse as the result of excesses; 16 are living orderly, temperate lives, and may be considered cured; 4 are insane, 10 are hopeless inebriates, and 15 are subject to occasional lapses from the path of temperance. Of 58 inebriate patients treated in 1894, no fewer than 43 had previously been in other similar institutions. The number of relapses after the "gold cure" is said to be increasing, and Dr. Crothers finds symptoms of acute insanity common in such persons.

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MEDICAL GYMNASTICS IN SWEDEN.

FROM A LETTER BY DR. PIERRE REGNIER IN ARCHIVES CLINIQUES DE BORDEAUX.

LING, the creator of the Swedish gymnastics, happened to free himself, *by exercise*, of a paralysis lasting several years. Surprised by this result, he conceived the plan of a method of healing by movements.

To this first occupation was very soon joined that of making the studies which he had undertaken on the physical development of man serve for the perfection of the race and for the art of war. He thus came to create out of it all a method of physical education, at once pedagogical, military and medical, while being, however, thoroughly homogeneous.

It is in fact impossible to understand the spirit of "medical" gymnastics among the Swedes, without previously knowing their "pedagogical" and "military" gymnastics, for the *active* movements applied to the treatment of disease are most often chosen from those which they require children and adults to execute. The ensemble of these exercises is like the prescription in which the doctor combines the elements of the treatment. The variety of the movements, their grouping, their progression, which is so well managed, enable one always to find the form of exercise and the dose of muscular work indicated by the state of the patient.

To popularize his method, Ling founded, in 1814, a school which exists today, viz.: the Stockholm Central Institute of Gymnastics.

The practice of medical gymnastics and of massage in Sweden is regulated by law.

ARTICLE I. No one can take it up without the diploma granted by the professors of the Institute.

ARTICLE II. Graduates can only tend patients for whom it has been prescribed and under the supervision of a doctor.

For several years Ling's method was wholly in the hands of persons strangers to medicine; but in view of his results, doctors did not believe they ought to persist in a systematic opposition. For a long time medical gymnastics had been officially taught by Drs. Wide and Zander of the Faculty of Medicine in a theoretical and practical course. Doctors most generally have a simple cabinet and receive each day a small number of patients whom they attend themselves, or else they have an Institute, that is to say, a large building permitting them to receive at one time a considerable number of patients whom they have attended by assistant gymnasts.

It is necessary first of all to possess as thorough a knowledge as possible of the mechanism of movements, of their physiological effects and especially of the muscular synergies. A certain number of *attitudes* called *fundamental* enable one to localize the effort and to graduate it. The subject being in one of these attitudes, determined by diverse conditions of strength, of age, of sex and of situation of the disease, executes a series of *active* movements, with or without resistance, concentric or excentric, or else takes *passive* movements, or finally *massage*. A bench with a movable back, a wooden horse and a wall ladder are about the only apparatus necessary to the doctor. Each day for several hours, alternately patient or doctor, I receive or apply the movements and massage. By this means one takes account not only of the treatment to apply but also of the impression a patient should receive, and of the effort which they should put forth. This instruction in double rôle is absolutely indispensable. In our country, when one speaks of massage (*medical gymnastics* is not even suspected there) we consider it as a mode of treatment applicable only to a small number of surgical affections. Irregularities of the figure, sprains, rigidity, muscular atrophies and a certain number of fractures compose about the list of maladies allotted to treatment.

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It is quite different in Sweden. On the consultation register at the Institute, affections of the digestive tract, cardiac diseases and those of the nervous system form a total superior to that of surgical cases. As for gynecological gymnastics, it requires a study of its own. For this it is necessary to see the technique of Thure Brandt, whose manner is as cordial and agreeable as that of the professors of the Central Institute and the Orthopedic Institute. All these professors speak French.

A THREE YEARS' COURSE.

I.

THEORY.	PRACTICE.
Anatomy.	Exercises { Pedagogical Gymnastics.
Pedagogical Gymnastics.	" { Military Gymnastics.
Military Gymnastics and Fencing (women excused)	Manual of Arms.
Physiology.	Pedagogical Exercise or Teaching.

II.

THEORY.	PRACTICE.
Anatomy.	Exercises { Pedagogical Gymnastics.
Physiology.	" { Military Gymnastics.
Hygiene	Fencing (women excused.)
Mechanics of Movements.	
Gymnastics Pedagogical.	
" Military.	
Fundamental Principles for teaching Medical Gymnastics, with especial reference to Children's Diseases.	Exercises for learning to teach in the schools. Exercises of Medical Gymnastics.

III.

Pedagogical Gymnastics for Women, Medical Students and Doctors who have not followed the first courses.	
Anatomy.	Pedagog'l Gymnastics.
Physiology.	Application Medical Gymnastics.
Hygiene.	Pedagogical Course.
Medical Gymnastics: Fundamental Rules for Practice, and Study of the principal maladies which can be treated with success by Gymnastics.	

FIRST AID IN ACCIDENTS FROM ELECTRICITY.—Now that electric currents are so widely distributed in our towns, the following extract from the *American Medico-Surgical Bulletin* may be of service: "When a person meets with an accident due to contact with electric conductors or generators, the contact must first be broken, if it still exists, otherwise those who come to render assistance may also become victims. The patient should be carried to a well ventilated room, from which all persons but necessary assistants are excluded. The clothing should be at once loosened and the earliest possible efforts made to reëstablish respiration and circulation; to restore respiration, rhythmical traction of the tongue and artificial respiration may be resorted to. Both should be continued for a sufficient length of time. At the same time the circulation should be stimulated by rubbing the skin, flagellation of the trunk with wet towels or with the hand, or by other means."

* * *

THE BENEFIT TO EAR PATIENTS FROM NASAL TREATMENT.—Gradle, Chicago (*Journal American Medical Association*), from observations on this subject, draws the following conclusions: 1. Acute suppurative inflammation of the middle ear, if not treated (locally) has a tendency to become chronic, the tendency increasing with the age of the patient. 2. Chronic suppuration of the middle ear rarely heals without treatment. Neither acute nor chronic purulent otitis is influenced by nasal treatment, but the liability to relapse after their cure is decidedly lessened by the removal of naso-pharyngeal anomalies. 3. Acute catarrh of the middle ear will generally terminate in complete recovery under aural treatment, and sometimes even without it, provided there are no persistent nasal or pharyngeal lesions. But when these are present the disease is more likely to become chronic in spite of aural treatment, and in many instances can either not be cured, or if improved will speedily relapse unless the normal state of the nose and throat is restored. 4. Proliferation or adhesive disease of the middle ear is the consequence of retro-nasal catarrh, and its course is determined by the duration of the disorder causing it. Aural treatment alone is practically useless in this form of trouble, while nasal treatment, if successful as far as the catarrh is concerned, will also arrest the ear disease. Hearing is often aided by ear treatment after the cure of the retro-nasal catarrh.

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SOCIETY REPORTS.

THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

STATED MEETING HELD MAY 15, 1895.

At this meeting, held at the office of Dr. Kelley, the discussion of Dr. Tompkins' paper on CEREBRAL HEMORRHAGE, read at the meeting of May 7, 1895, was opened by Dr. Mackall :

The paper that Dr. Tompkins presented at the last meeting of this Society was a very thorough presentation of the most interesting subject, cerebral hemorrhage. He discussed the subject so thoroughly that he has left very little of the ground for me to go over. The topography of the brain centers has been so thoroughly studied and mapped out by the valuable researches of such men as Charcot, Bouchard, Gintrac, Gowers, Horsley and others that the study of brain disease has become one of the easiest and most interesting of all the branches of medicine, whereas only a few years ago it was one of the most obscure. Now it is almost a daily occurrence where surgeons are trephining the skull for different causes.

Cerebral hemorrhage is most generally from an artery, very seldom from a vein. A rupture of a capillary produces only a minute extravasation. Osler says that the bleeding generally comes from one of the two great groups of cerebral vessels ; the basal, comprising the circle of Willis, and the central arteries passing from it ; or the cortical group, the anterior, middle and the posterior cerebral vessels. In a majority of the cases it is from one of the cerebral branches, more particularly from those given off by the middle cerebral arteries near the corpora striata and internal capsules. The artery that passes to the third division of the lenticular nucleus and the posterior part of the internal capsule is so frequently involved that it has been called by Charcot the artery of cerebral hemorrhage. The two causes of hemorrhage, weakening of the wall and increase of blood pressure, are often associated together, because the latter generally leads to the former condition. When the wall of an artery is weakened it becomes bulged from the pressure within, and thus produces an aneurism which is the most general cause of the hemorrhage.

Charcot and Bouchard found miliary aneurism to be the cause of 77 consecutive cases examined. The common change in the large vessels known as atheroma which heretofore has been so often considered as the cause of the hemorrhage was only found in one quarter of the cases of miliary aneurisms. Atheroma renders the wall of the vessels inelastic, but at the same time it makes it thicker and less distensible than normal, thus explaining why atheroma may exist to a great degree without having any hemorrhage. Gowers explains why miliary aneurisms are more frequent in the brain than elsewhere, first, by showing that the wasting of the brain tissue removes the external support of the cerebral arteries, second, because the strain here is greater than in other arteries of the same size in consequence of their origin directly from large trunks, the pressure elsewhere being more gradually lesseued by more gradually branching and anastomosing.

According to Gintrac males do not suffer so much more than females. Four-fifths of cerebral hemorrhage occur after 40 years of age and its frequency increases as life advances. But there are some cases on record where it has occurred in childhood and infancy. People that conform to the old saying "apoplectic build," short, thick neck, high shoulders and florid complexion, are not so liable, as it was formerly thought, to be affected as thin and spare subjects. Charcot says that kidney disease is found in one-third of the cases. Certain diseases, purpura, scurvy, pernicious anemia, yellow atrophy of liver, cause degeneration in the blood vessels, or alterations in the blood itself, which lead to hemorrhages.

Muscular effort (such as lifting heavy weights, violent coitus, straining at stool, violent coughing, etc.) is supposed to be the usual exciting cause but the hemorrhages have been known in many

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cases to have occurred during sleep. Where although the cerebral arteries are contracted, the pressure within is increased in consequence of the influence of gravitation from the position of head in reference to the rest of the body while we are asleep. Premonitory symptoms are rare. As a rule, the patient is seized while in full health. In the cases that I have seen, the feces have not been injected but have been of ashen-gray hue. The condition of the pupils varies a good deal, depending upon seat of lesion in my opinion. Swanzy and Berthold claim that they are at first contracted and that this is one of the diagnostic points between hemorrhage and embolism, where, as they say, the pupils remain unaltered, but I do not believe that these opinions are correct. The respiration is generally accompanied by stertor. The pulse is full, slow, and of increased tension. Temperature is usually normal. When it is subnormal the prognosis is grave. I do not agree with Dr. Tompkins when he says that it is difficult to tell at first whether hemiplegia exists or not.

A valuable indication whether the hemorrhage is associated with hemiplegia may be found in the difference of the tonus of the muscles of the two sides. If the arm or leg on the affected side is lifted, it drops dead, whereas on the other side they drop more slowly. I am treating a case now where the hemorrhage occurred about two weeks ago near the internal capsule, producing a left hemiplegia. All the cases that I have seen in my practice have been those of left hemiplegia and in most of these, strange to relate, the speech centers have been affected also. The return of motion in this case has been slow. I am inclined to think that there will be some permanent palsy remaining which is generally the case where the power of movement is not recovered within a month after hemorrhage.

Little can be done to prevent cerebral hemorrhage when miliary aneurisms and the degenerative changes incidental to old age are once formed. Venesection, which was followed for so long a time, is now very rarely used because we do not see our patients, as a rule, until the damage is done, but it is admitted by all authorities that no other agent reduces so quickly the tension of the blood. Another reason that venesection has so justly fallen into disrepute is that it is not always so easy when the patients are comatose to diagnose cerebral hemorrhage from embolism and thrombosis, in which cases bleeding would do much harm. Compression of the common carotid in the neck has been advocated by Spencer and Horsley for arresting bleeding from a branch of the middle cerebral artery. An important element in treatment is free purgation and we have a much more powerful and effective remedy in our hands now in magnesium sulphate, given in small doses, hypodermatically, than we had formerly in croton oil and calomel. In the case that I am treating now, one grain of sulphate of magnesium caused a free evacuation within an hour after administering it. We still use the old form of treatment of applying ice to the head where there is no collapse, and mustard application to the extremities, but most frequently all our endeavors are in vain and we realize that "all of the science of medicine seems but a vain groping in the dark, a blind and futile struggle with some relentless power which takes no account of human weakness and of human endeavor."

Dr. Bishop, a visitor, being invited to speak on the subject, said that as he had not heard Dr. Tompkins' paper he was unable to discuss it thoroughly, but from the description of the specimen cases he would say that he thought it probable in one of the cases that the clot might have been found under the cortex in the internal capsule. Syphilis is often a prominent factor in the causation of cerebral hemorrhage.

Dr. Glazebrook said that in relation to the fourth case cited by Dr. Tompkins he had recently made an autopsy on the body of policeman Kirby and thought it almost a similar one.

Death was very sudden, and when the skull was opened a large clot about three by three inches in size was found anterior to the right middle cerebral

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artery. Further search for additional hemorrhage revealed nothing. Marked hypertrophy of the left ventricle was found. Thinned walls of blood vessels, hypertrophy of the left ventricle of the heart and some undue pressure seemed sufficient cause for cerebral hemorrhage.

The circle of Willis, or some adjacent blood vessels, usually on the left side, was the most common seat of the cases that he has seen. Most of the cases showed marked hemorrhage. In regard to traumatic hemorrhage, in all five cases of fractured skull that he has seen, the hemorrhage was not at the seat of injury, but on the opposite side; this fact he considered very important.

Dr. VanRensselaer asked how Dr. Glazebrook accounted for this fact.

Dr. Mackall inquired if convulsions were present in the fourth case. Answer, Yes.

Dr. Snyder said that his experience had been that it was very difficult to diagnose. He remembers one case of cerebral hemorrhage which he watched closely, and observed marked symptoms indicating the parts of the brain affected. When he made the autopsy it developed that the case was one of abscess of the brain.

Dr. Glazebrook cited a case of suicide of a policeman. He had fired a bullet through the right parietal bone; on the opposite side was found a large hemorrhage and laceration of the dura mater and brain. The hemorrhage was about the size of two silver dollars.

Dr. Tompkins said that the case of fissure of the skull revealed a hemorrhage about the size of an orange on the right side, and was traumatic. Differential diagnosis between embolism and hemorrhage is the most important point. It takes a person of some expertness to discover an embolism. The hypodermatic injection of magnesia sulph. has not been successful in his hands.

Dr. Bowen presented the following pathological specimen. A young woman aged 26 years, three years married, never pregnant. Pain in a sitting position feeling like she was sitting on a ball, and she could not sit in one place more than fifteen minutes. A mass was discovered on right side of uterus. The uterus was firmly fixed, vagina small. Advised operation; mass was removed, and it seemed to be a chronic tubo-ovarian abscess. Both ovaries and tubes were removed.

R. T. HOLDEN, M. D., Secretary.

MEDICAL PROGRESS.

THE ANASTOMOSIS BUTTON.— Dr. Murphy of Chicago (*Lancet*) gave a demonstration on the dead body of the method of using the button devised by him. He commenced by saying that seven points required attention in attempting to obtain union between two pieces of bowel. They are: 1. Coaptation of surfaces, and the union should be between similar tissues — that is, the muscular coat should join the muscular coat, and the mucous membrane of one portion should be in contact with the mucous membrane of the other. 2. Adhesions should form immediately. 3. Sufficient caliber should be left at the point of union. 4. Permanent organized adhesions should result. 5. The line of union must not contract to any great extent. 6. The process should be aseptic. 7. The method employed should take the least possible time. He further pointed out that two sets of arteries supply the bowel — firstly the branches of the mesenteric arteries; and secondly the "parallel artery," which runs along the mesenteric border of the bowel. Of these two sets the parallel artery is the more important for the life of the bowel, for the mesenteric branches may be tied for a length of bowel equal to seven inches without any sloughing resulting, while the parallel vessel cannot be tied for more than half an inch without causing sloughing. Hence it is necessary in dividing the bowel to remove less of the mesenteric border than of the convex side. In taking the running stitch round the bowel it is important to make an overstitch at the mesenteric border in order to secure the parallel artery. The method was dem-

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onstrated both for end-to-end anastomosis and for lateral anastomosis. The application of the method to resection of the rectum was also shown.

* * *

LEGAL CONTROL OF SYPHILIS.—The time has certainly come, says Dr. Bulkley, when the dangers of syphilis, and especially the dangers to innocent persons, should be fully recognized. It is too late in the history of science and of humanity to stigmatize the disease as "venereal," and on that account to withhold scientific protection from thousands of innocent sufferers. Among babies, nursing women, persons infected in dental or surgical operations, and in dozens of other manners, syphilis can no more be described as a "venereal" affection than any other contagious disease. The time has come to place it under the control of the proper health officers, and make it quite *as criminal to transmit syphilis wittingly* as it is to communicate smallpox, scarlatina or diphtheria.

* * *

RELICS OF EVOLUTION.—The coccyx is one of the vestiges of our animal ancestors, says the *Scientific American*, and presents an example, perhaps, of a reversion to the older type. We are familiar with the caudal projection of the human fetus that is like that of the animal, and we see in the dissecting room, at times, the vestiges of the tail muscles inserted into the coccyx. The *plica semi-lunaris* is a vestige of the nictitating membrane found in certain birds; there is the pointed ear, or the turned-down tip of the ear, of many men; the atrophied muscles, such as those that move the ear, well developed in certain people, or that shift the scalp, resembling the action of the horse in ridding himself of flies; the supra-condyloid foramen of the humerus; the vermiform appendix; the location and direction of the hair on the trunk and limbs; the dwindling wisdom teeth; the feet of the fetus, strongly inwards, as in apes, and persisting in the early months of life, together with great mobility and a distinct projection of the great toe, at an angle from the other side of the foot; and the remarkable grasping power of the hand at birth and for a few weeks thereafter, that permits young babies to suspend the whole weight on a cane for a period varying from one-half to two minutes.

* * *

TUBERCULOSIS IN COLORADO.—Henry Sewall, Ph. D., M. D., Secretary of the State Board of Health, gives in the *Colorado Climatologist* for August the results obtained on the above subject from 400 circulars addressed to the physicians of that State. There is a prevailing idea, he says, even among the medical profession, that cases of consumption contracted in Colorado, either in city or country, form rare exceptions and almost take rank as pathological curiosities. The following statement will show that wherever statistics have been presented, having the ear-marks of careful investigation, there we usually find evidence of a sensible proportion of phthisis of home production, contracted, if you please, from imported cases but still developed here. In Denver, where the statistical information is most full and accurate, the facts show that consumption contracted in Colorado, and particularly in the city of Denver, already forms a very important factor in the death roll; indeed, the available statistics probably far undervalue the proportion of phthisis having its origin in our midst. 39 replies were received, 6 being from Denver physicians. The paucity of official records in the State is pointed out; those from Denver show: that in the two years, 1893 and 1894, there were 3404 deaths from all causes; 812 of these were from tuberculosis, and of these 539 are stated not to have been contracted in Colorado and 100 to have been contracted in the State, the place of origin of the remainder not being reported. The number of deaths from consumption contracted in Colorado forms 0.37 per 1000 per annum of the population; 2.9 per cent. of the total number of deaths; 12.0 per cent. of all deaths from tuberculosis. Average annual death rate per 1000 from all causes, 12.89. The report

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lays stress upon the communicability of the disease and upon the fact that the germ from which the indigenous cases was derived must have been imported, and points out "that only a vigorous crusade of prophylaxis will be sufficient to ward off the plague that has appeared upon the horizon."

* * *

THE TREATMENT OF DIABETES MELLITUS.—Robin (*British Medical Journal*) describes in detail the medical treatment —"alternating treatment"—which he prescribes in diabetes. He believes that in this disease there is an increased activity of the chemical changes of general nutrition, and of the hepatic cells in particular, which is the result of increased activity of the nervous system. Hence he recommends drugs which diminish the activity of these general changes by acting primarily on the nervous system. The treatment is divided into three stages: 1. For four days a powder, containing about fifteen grains of antipyrin and eight grains of sodium bicarbonate, is given twice a day. In addition cod'liver oil is taken twice a day with the meals, and Seignette salt as a morning purgative. 2. At the end of four or five days the antipyrin is discontinued, and sulphate of quinine prescribed—about six grains in a cachet at the midday meal. This is taken for six days, then discontinued for four days, and afterwards taken again for six days. Before the morning and evening meals a cachet is recommended containing arseniate of soda, carbonate of lithium, and codeia. 3. After fifteen days these drugs are discontinued, and the author prescribes, for ten days, a pill containing opium, belladonna, and valerian. The cod liver oil is discontinued, and the patient is allowed to drink a weak solution of bicarbonate of soda (1 in 125). In the case of nervous women, or if there should be intolerance of the opium and belladonna pills, fifteen grains of potassium bromide are given two or three times a day for eight days. In addition to the medical treatment the diet is regulated. On account of the loss of inorganic salts in diabetes (demineralization) the auther recommends the food to be well salted; to supply potassium salts he advises green vegetables, especially cabbage and endive, and also a weak solution of potassium tartrate to dilute the wine taken at meals; and to counteract the loss of phosphates of magnesium and calcium he prescribes glycero-phosphates of lime and magnesia. He also recommends bouillon on account of the inorganic salts which it contains. If sugar is still present in the urine after the third stage of the medical treatment above mentioned the course is recommenced. After a second course, whether sugar has disappeared or not, the drugs are discontinued for one month. Robin has treated by this alternating method 100 cases of diabetes, in each of which the daily quantity of sugar excreted was 100 grammes or more. In 24 of these recovery has occurred; in 25 recovery is still doubtful; in 33 there has been considerable and permanent improvement; in 18 the results have been negative.

* * *

NECESSITY OF FREQUENT VISITS.—The Supreme Court of California (Todd *vs.* Myers, 40 Cal., 355), says the *Sanitarian*, in an action brought by a physician for professional services—the defense being that the visits were too frequent and not necessary—rules that: "The defendant having admitted the employment of the plaintiff as a physician to treat his wife and children, the plaintiff was the proper judge of the necessity of frequent visits, and in the absence of proof to the contrary the court will presume that all the professional visits made were deemed necessary and were properly made." It would be a dangerous doctrine for the sick to require a physician to be able to prove the necessity of each visit before he can recover for services. This is necessarily a matter of judgment, and one concerning which no one save the attending physician can decide. It depends not only upon the condition of the patient, but in some degree upon the course of treatment adopted.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, SEPTEMBER 14, 1895.

THE inauguration of the four-year course, which it was fondly thought was already *un fait accompli*, has met with a most unexpected setback. A defect in the wording of the rule enforcing the additional year has been quickly recognized by cunning Deans lying in wait for their foes and like Shylock, these gentlemen insist upon their rights to the full measure of the pound of flesh. But really we are not going to pick a quarrel with these gentlemen for so small a matter. A day or a month or even a year is no such great matter that we need work ourselves into a frenzy over it as some medical gentlemen seem disposed to do. We are not quite sure that an earthquake is going to destroy the world in the next twelvemonth and thus render the anticipated enjoyment of the advantages of the four-year course impossible. If we could foresee such a calamity we might indeed desire to make all possible haste, but we try to possess our souls in peace and be thankful for what has been already so unexpectedly accomplished and for further blessings which we know will surely come in the near future.

A Hitch in the Advance.

Laying aside levity, there is no doubt that by a sort of pretty general consensus, it has been determined to postpone the four-year course until 1896. Catalogue after catalogue has come to us announcing the continuance of the three-year course for 1895 and 1896. Among colleges that have taken this decision are Bellevue, the University of Richmond, the Baltimore Medical and, we understand, all the St. Louis colleges. In view of this, and in justice to all, would it not be better for those colleges that have already announced a four-year course for 1895 and 1896 to reverse their action? Is it possible to obtain an expression of opinion on the subject from the American Medical College Association? Could not the Judicial Council of that Association assume authority to take this action? We have been informed that some of the four-year schools are getting around the difficulty by matriculating students for a three-year course at any time prior to October 1, 1895.

* * *

THE difficulty of disposing of the accumulating garbage increases with the growth of cities. It becomes therefore a serious question how best to get rid of those rejected remnants of our food supplies and undoubted causes of sickness and death. The experience of Atlantic City upon this question is the more valuable and interesting because so unique. The recent phenomenal growth of this great summer resort has made the question there one of "burning" interest. In seeking for its solution many places were visited by the Board of Health and many processes and apparatus were inspected. The result was a unanimous decision in favor of cremation as being the most economical, sanitary, free from objectionable odors and easily managed method.

Garbage Cremation.

The "M. V. B. Smith" crematory, previously operated with natural gas at Muncie, Ind., was selected and modified so that it could be worked by ordinary gas. A description is given of this apparatus in the "Eighteenth Report of the Board of Health of New Jersey." So satisfactory did the first prove, that a second of nearly double the capacity, viz., 80 tons per diem, was erected

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within a year. The results have been entirely satisfactory. The first cost of the crematories were $9000 and $12,000 respectively and the cost of operation during the year was thirty cents per net ton of garbage. This included wages of three men, repairs and one and a half tons of gas coal per diem. The crematories are said to be good for twenty years' use and the amount of ash is less than one per cent. There is absolutely no odor, no smoke, not even the escape of ammonia fumes from the stack. The crematory is built in the center of the city and the garbage is dumped directly into the furnaces from steel carts each carrying 3000 pounds.

The details of this method, which are vouched for by the Board of Health of Atlantic City, seem to go far to solve a very difficult and yet very urgent problem. Some may declaim against the great loss to the soil in fertilizing material, involved in the destruction of so much organic waste, but the dangers and risks inherent in any attempt to utilize waste and decomposing organic refuse argue convincingly in favor of this cleanly, thorough and apparently perfectly satisfactory method of rapid combustion.

* * *

Can this be True?

FROM time to time we have heard rumors of the frequency with which ruptures of the perineum occur at the lying-in hospitals. The accident, usually consequent upon the use of forceps, seems to have been looked upon as a matter of no consequence; a few stitches will make things all right again in a week and when the woman is ready to get up at the ninth day, she will be as well as if nothing had happened. It has even been asserted — always in a jocular way — that these ruptures are not always accidental; that the exigencies of the students' instruction in this important branch required that they should see such cases and know how to remedy them.

But a few days ago the matter was again brought to the writer's attention in such a way as to impress him with its importance. It is possible that there is a serious evil here which demands rebuke and correction. The writer was conversing with a prominent gynecologist and dean of one of the St. Louis colleges. Referring to the subject of practical instruction in obstetrics, this gentleman said in effect, that rupture of the perineum was strikingly frequent in the lying-in hospital connected with his college—that it was the rule rather than the exception. That he had charged the professor of obstetrics with producing the rupture in order that his students might profit by it and that the *latter had not denied it.* Now many a true word is spoken in jest and if one may judge by the circumstances, this gentleman evidently believed in the truth of what he was saying.

Such a thing seems horrible to contemplate. That a human being — and often an innocent young woman (at any rate "more sinned against than sinning"), often from a distant country home, far from friends and sympathy, should be submitted to mutilation merely for the gratification of the whims and convenience of students, if true, calls for loudest condemnation and we brand any brother who would permit, much less himself perform it, as unworthy of his noble calling.

* * *

The Proper Uses of a Museum.

A USEFUL hint or two may be obtained in some quarters from a description of the purposes fulfilled by the museum of Owens College, Manchester. Its public utility is quite as great as its private, if not greater. It is a teaching museum and not a mere agglomeration of curios. Lecturers from the whole of the city and the surrounding districts are accustomed to send their classes to verify by observation what they are taught. Insects and other animals are brought that it may be ascertained whether they are likely to be harmful to cotton, wood or crops. Associations concerned with self-education and literary and scientific societies come for entertainment and instruction. Much interest is also taken in the geological collection which is very rich in specimens of coals. The museum is open to the public daily free of any charge.

The Academy of Sciences of Baltimore might well emulate the example of Owens College. It possesses now a fine building—the gift of Mr. Pratt—centrally located. Let a recognized teacher in natural science be placed in charge and adequately paid for his services and we will guarantee that the collection will grow and its usefulness will commend it to the beneficence of our wealthy and public-spirited citizens.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 7, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		6
Phthisis Pulmonalis		19
Measles	3	1
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria	11	9
Mumps		
Scarlet fever	4	
Varioloid		
Varicella		
Typhoid fever	5	2

Dr. B. Bernard Browne has removed his office from Madison Avenue to 510 Park Avenue.

A new journal of hygiene, called *Hygeia*, is published monthly in Tyler, Texas, and is edited by Drs. Bell and Kirkscey.

The Society of Medical Phonographers held its first meeting in London, July 30, its founder, Dr. W. R. Gowers, presiding.

According to the *Record*, 82 physicians from the United States and 9 from Canada were registered at the British Medical Association.

Dr. Felix Hoppe-Seyler, Professor of Pathological Histology in the University of Strasburg, died August 12, of an apopleptic stroke, aged 70.

Professor H. A. Cottell has been transferred to the Chair of Physiology and Dr. Henry Miller Goodman elected to the Chair of Chemistry in the University of Louisville.

Mr. Wm. Berry, who began life by making blacking on a small scale with his own hands and hawking it about, has just died and left $165,000 to the medical charities and $70,000 to the other charities of Manchester, England.

The New York Academy of Medicine owns a half million of assets; a valuable library; has 774 fellows, and a self-supporting department of nurses. The current expenses amount to $17,000 per annum, not including the purchase of books.

The *Index Medicus* fund now amounts to $1475—$5000 are required. The editors (Drs. Billings and Fletcher) announce that if revived, it will have no exchanges and no advertisements and will be a rare work. Until December 1 will be given.

Dr. Jacobi says that more than half of the patients of every practitioner are infants and children, yet it was not until 1860 that their diseases were taught in a thorough and special way; not until 1870 did the larger medical schools give clinical instruction in this branch.

Dr. John Syer Bristowe, the eminent English physician, author of Bristowe's "Practice," died August 20. He was senior physician to St. Thomas Hospital, London, and wrote the articles in Reynolds' System of Medicine on Pyemia and Diseases of the Intestines. He was 68 years old.

A bill has been introduced in the Minnesota legislature, by Dr. Zier, requiring those who manufacture patent medicines and nostrums to publish their formulae on each bottle, box, or package. The measure is a just one and has received the endorsement of many physicians and pharmacists of the State.

The Philadelphia authorities will not in future allow the exhibition, for money, of idiotic, insane, imbecile or deformed persons, a recent legislative act forbidding such exhibition. This reform, as it may properly so be called, is strictly in the interests of humanity and public decency. These exhibitions are demoralizing in themselves, cruel to their subjects, and tend only to pander to a morbid curiosity, which rather needs repression than occasion.

Dr. Frank B. Gardner, a well known physician of this city, met death under very sad circumstances on Saturday last, September 7. On the previous morning when his servant went to his room to call him, he found him unconscious and the gas turned on. It appears that in adjusting his mosquito net Dr. Gardner had pulled upon the stopcock and turned on the gas. He was taken at once to the Maryland University Hospital and restoratives applied but he died the following morning without recovering consciousness. Dr. Gardner was a graduate of the University of Maryland, class of 1867, and 47 years of age. He was unmarried.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending September 9, 1895.

Captain William W. Gray, Assistant Surgeon, upon the expiration of his present leave of absence, will be relieved from duty at Fort Schuyler, N. Y., and ordered to Philadelphia, Penn., for duty as Attending Surgeon and Examiner of Recruits in that city, relieving Captain Samual Q. Robinson, Assistant Surgeon.

Captain Robinson on being thus relieved is ordered to Fort Reno, Oklahoma, for duty, relieving Major William H. Gardner, Surgeon. Major Gardner on being thus relieved is ordered to Fort Thomas, Ky., for duty, relieving Major James C. Worthington, Surgeon.

Major James C. Worthington, Surgeon, on being relieved from duty at Fort Thomas, Kentucky, is ordered to Vancouver Barracks, Washington, for duty, relieving Captain William Stephenson, Assistant Surgeon.

Captain Stephenson on being thus relieved is ordered to the Presidio of San Francisco, California, for duty at that post.

The following named officers will report in person, on Monday, Sept. 23, 1895, to Colonel Chas. H. Alden, Assistant Surgeon General, president of the examining board appointed to meet in this city, for examination as to their fitness for promotion. Captain Louis S. Tesson, Assistant Surgeon, Captain William H. Corbusier, Assistant Surgeon, Captain Daniel M. Appel, Assistant Surgeon, Captain Samuel Q. Robinson, Assistant Surgeon.

Leave of absence for two months, to take effect on or about September 15, 1895, is granted Captain William C. Gorgas, Assistant Surgeon.

First Lieutanant Alexander S. Porter, Assistant Surgeon, is relieved from duty at Fort Keogh, Montana, to take effect on the expiration of his present sick leave, and ordered to Fort Huachuca, Arizona, for duty.

Major Joseph K. Corson, Surgeon, granted leave of absence for two months.

Captain Leonard Wood, Assistant Surgeon, is relieved from duty at Fort McPherson, Georgia, and ordered to report in person to the attending surgeon in this city, for duty as his assistant.

Captain Marlborough C. Wyeth, Assistant Surgeon, is relieved from duty at the Army and Navy General Hospital, Hot Springs, Arkansas, and ordered to Fort Huachuca, Arizona for duty.

UNITED STATES MARINE SERVICE.

Sixteen days ending August 31, 1895.

John Vansant, Surgeon, granted leave of absence for thirty days, August 24, 1895.

W. H. H. Hutton, Surgeon, detailed as Chairman Board for physical examination officers Revenue Cutter Service, August 22, 1895.

Fairfax Irwin, Surgeon, detailed as Chairman Board for physical examination of candidate Revenue Cutter Service, August 30, 1895.

C. E. Banks, Passed Assistant Surgeon, detailed as member Board for physical examination of candidate Revenue Cutter Service, August 30, 1895.

G. B. Young, Passed Assistant Surgeon, upon expiration of leave of absence, to report at Bureau for temporary duty in Laboratory, August 28, 1895.

BOOK REVIEWS.

A SYSTEM OF SURGERY. By American Authors. Edited by Frederic S. Dennis, M. D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College, New York; President of the American Surgical Association, etc., assisted by John S. Billings, M. D., LL. D., D. C. L., Deputy Surgeon-General, U. S. A. To be completed in four imperial octavo volumes, containing about 900 pages, each with index. Profusely illustrated with figures in colors and in black. Volume II, 915 pages, 515 engravings and 10 colored plates. Price per volume: $6.00 in cloth; $7.00 in leather; $8.50 in half Morocco, gilt back and top. For sale by subscription. Full circular free to any address on application to the publishers.

In our issue of July 13, we made a brief notice of Volume I of this magnificent system of surgery, by American authors. We now have the pleasure of reviewing Volume II of the same work. The present volume is the joint production of eleven authors, whose names are sufficient guarantee of the excellence of their work. Dr. Henry R. Wharton of the University of Pennsylvania contributes the first article, on minor surgery, which occupies 130 pages, and describes the methods of application of bandages, sutures, transfusion, etc., and if any criticism is permissible, it is the mild one, that many of the illustrations have served these many years in the various text-books which have appeared from time to time. The only needle holder figured is an antiquated affair, which it is impossible to clean thoroughly, and which a modern surgeon would not care to use if he could get any other.

Dr. Geo. R. Fowler of Brooklyn, N. Y., contributes the article on Plastic Surgery; which is devoted especially to plastic operations on the face, such as the restoration of the lips and nose, the closure of cleft palate

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and the repairing of hare lips, all of which are fully described and illustrated. Military Surgery and the Care of the Wounded on the Battlefield is assigned to Lieutenant Colonel W. H. Forwood, U. S. A., but we find very little said in regard to military surgery itself, the greater portion of the very interesting article being devoted to the duties of the medical officers in the field, the organization of field hospitals, and the distribution of supplies. Dr. Forwood seems to be somewhat opposed to the performance of laparotomy for penetrating gunshot wounds of the abdomen, owing to the lapse of time before the patient can be brought to the surgeon, and says: "Very exceptional qualifications are demanded of the surgeon," and "none but those having skill and especial training in this line should dare undertake it." It seems to the reviewer that every army surgeon should be prepared to perform laparotomy and suture intestinal perforations, as it is a procedure especially belonging to military surgery, and the patient is almost certainly doomed to speedy death if it is not done.

Dr. Nicholas Senn is the author of the article on "Diseases of the Bones" and it shows evidence of his usual careful and thorough work, though only 46 pages are devoted to this important class of diseases. Dr. Virgil P. Gibney devotes 100 pages to the consideration of Orthopedic Surgery, and all the usual deformities and joint diseases are dealt with thoroughly but in a conservative manner.

The surgery of the blood vessels is thoroughly considered by Drs. Lewis A. Stimson, Percival R. Bolton and Frederick S. Dennis. By all odds the most elaborate treatise in this volume is the section on Diseases and Injuries of the Head, by Dr. Roswell Park of Buffalo, N. Y., occupying nearly 300 pages, and richly illustrated with typical plates and drawings. It would seem that the subject had been most minutely considered, embracing pretty much every condition affecting these parts, from a scalp wound to a brain tumor. Articles by Dr. Keen on the Surgery of the Spine, and by Dr. John B. Roberts on the Surgery of the Nerves, are valuable contributions to surgical literature, as well as the article by Dr. Genish on the Surgery of the Lymphatic System.

We conclude as we began, with the expression of our high appreciation of this magnificent System of Surgery.

CURRENT EDITORIAL COMMENT.

MIDWIVES.

Louisville Medical Monthly.

THERE is no objection to midwives practicing obstetrics, and we believe that they should be allowed to do so, but they ought to be subjected to the same restrictions as are placed on physicians.

CONTAGION IN SCHOOLS.

National Medical Review.

MEASLES is a more serious disease than is generally considered. It is a great error to think that we do children a kindness in exposing them to measles. One case of measles in a school should cause the closure of the school until it can be definitely ascertained that all danger of contagion is past.

MANAGEMENT OF ENTERIC FEVER.

Philadelphia Polyclinic.

WITH good treatment and good nursing, in the light of present knowledge, the mortality of typhoid fever should not exceed seven per cent., and except under very unfavorable circumstances we may expect to see it reduced to less than five per cent. In seventy-five cases out of one hundred of typhoid fever, the patients left to themselves, without interference on the part of physician or nurse, will get well. In seventy cases out of one hundred, typhoid fever patients will survive poor medication, provided they have good nursing; and in sixty-five cases out of one hundred, they will probably survive even bad medication and bad nursing.

THE REGULATION OF PROSTITUTION.

New York Medical Journal.

THE so-called "social evil" presents so many points of difficulty in its management that it is well-nigh useless to expect any material benefit to result from legislation on the subject unless the legislation is based on broad conceptions of justice and expediency, and it never will be so based until such conceptions are entertained by a large class of the people. To bring about such a desirable state of public opinion it is quite necessary that the moralist and the physician should not array themselves against each other, each intent on carrying through all that he regards as important; they should rather co-operate to secure the best attainable regulation of the miserable trade.

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NOTES.

CIDER vinegar is an antidote for carbolic acid.

*

DIABETICS are poor subjects for anesthesia. Coma is apt to follow.

*

THE internal use of chloroform is very successful in colica pictonum.

*

ARSENIATE of strychnine is recommended in cases of tachycardia strumosa.

*

GELSEMINUM controls pain in the ovaries better than anything else, except narcotics.

*

IODIDE of potassium, when it causes coryza and depression, can be best given with nux vomica and citrate of iron and ammonia.

*

QUININE pills made with aromatic sulphuric acid can be broken up at time of using and readily given to children with a little brown sugar or chocolate.

*

WHEN patients rebel against large doses of iodide of potassium, these are easily borne by the stomach if the salt be mixed with soda-water instead of ordinary water.

*

SALICYLATE of strontium is considered one of the best intestinal antiseptics in doses of five grains. In doses of ten to fifteen grains it acts decidedly in gouty and chronic rheumatic conditions.

*

SALIPYRIN is recommended for menorrhagia and metrorrhagia. It is given in the form of lozenges of fifteen grains each, three daily, commencing a day or two before the hemorrhage is expected.

PHARMACEUTICAL.

BEING devoid of toxic properties, Melachol may be safely recommended as a household remedy, and because of its non-irritant qualities, it is the safest remedy for domestic practice; fecal impaction, typhlitis, and even appendicitis, has been cured by the prompt use of Melachol.

ACUTE cystitis—resulting from gonorrhea and presenting symptoms of distress and pain over pubes, frequent and urgent inclination to micturate, urine cloudy and depositing slight amount of mucus on standing. Chronic cystitis—resulting from enlarged prostate, retained or altered urine, or from gout or nervous derangement—mucus or muco-pus rendering the urine more or less cloudy or opaque. Treatment—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of Lambert's Lithiated Hydrangea is often of the greatest service. A practitioner of wide experience says—"I have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results and I consider it a valuable remedy for normalizing the renal function, for promoting the active elimination of uric acid and to calm the congestive conditions of the kidneys and of the urinary mucous membrane."

EXTRACT from a paper read before the Academy of Medicine of Cincinnati, May 13, 1895, on Acute Mania, by W. H. DeWitt, M. D.: The medical treatment of these cases is very simple, and can be disposed of in few words. To procure sleep and quiet is perhaps the greatest desideratum, and I know of nothing so certain in its action as chloral hydrate, given in 40 or 60 grains. It may be given alone or combined with one of the bromides. The "Bromidia" of Battle & Co. I have always found very reliable. It is almost certain to quiet and produce sleep. You will occasionally meet with cases that resist the influence of chloral even in large repeated doses; here opium or some one of its derivatives, either given alone or in con-

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nection with the chloral, will be found of service. If hypodermically administered, not less than ⅓ gr. should be given. Small doses only excite the patient, and do more harm than good. Hydrobromate of hyoscine has some advocates. The milder hypnotics, such as sulfonal, chloralamid, etc., are not to be thought of in these cases; they are practically inert, and do no good.—*Lancet-Clinic*, June 22, 1895.

In diarrheal affections of adults and children the observation is frequently made that after due attention has been paid to the regulation of diet and to intestinal antisepsis, the profuse discharges, nevertheless, continue. In these cases an astringent is indicated, and among the numerous remedies of mineral and vegetable character suggested for this purpose, tannic acid and the vegetable tinctures of which it forms the essential ingredient occupy a prominent place. It has often been objected to the use of tannic acid that it induces nausea and gastric disturbance, or increases these if, as often happens, they already be present. This objection is certainly well founded, since it has been shown by experiments that it exerts an irritant and even mildly caustic effect upon mucous membranes. Another objection that applies with even greater force to the employment of tannic acid as an intestinal astringent, is that being soluble in the stomach juices, the larger portion is absorbed before it reaches the affected portion of the intestinal canal. Professor Meyer of Marburg, therefore, deserves much credit for his discovery of a tannic acid derivative known as Tannigen, which passes unaltered through the stomach and is gradually and slowly decomposed in the intestinal canal, exerting its astringent effect just where it is most wanted, in the lower portion of the small intestines and in the colon. According to the careful clinical observations of Professor Muller and Drs. Kunkler and Drews, Tannigen is an ideal remedy in the acute and subacute gastro-enteritis of children and adults in acute and chronic dysentery, and in the chronic diarrhea of phthisical patients. At this time of the year when diarrheal affections are most prevalent and are attended with a high mortality, this perfectly harmless, yet effective, remedy is therefore deserving of a careful trial.

AMERICAN ACADEMY OF RAILWAY SURGEONS.

The following titles for papers have already been received for the Second Annual Session of American Academy of Railway Surgeons, to be held in Chicago, Ill., September 25, 26 and 27, 1895: A Practical Way of Testing Railway Employes for Color Blindness, Dr. D. C. Bryant, Omaha, Neb. Railway Sanitation, Dr. W. M. Bullard, Wickes, Montana. Transportation of Injured Employes, Dr. F. H. Caldwell, Sanford, Fla. Traumatic Neurosis, Dr. Henry W. Coe, Portland, Ore. Concussion of the Brain, Dr. W. H. Elliott, Savannah, Ga. The Use of Gold Foil in Fractures of the Cranium and Resulting Hernia Cerebri, Dr. W. L. Estes, S. Bethlehem, Pa. Wounds that Open the Knee-Joint, Treatment, Dr. C. D. Evans, Columbus, Neb. Treatment of Wounds of the Face and Scalp, Dr. Chas. B. Fry, Mattoon, Ill. Sanitary Regulations Governing Railways, Dr. L. E. Lemen, Denver, Col. Injuries of the Hands and Fingers, Dr. John McLean, Pullman, Ill. How to Differentiate Between the Use of Heat and Cold in Railway Injuries, Dr. Wm. Mackie, Milwaukee, Wis. Intra-Venous Injection of Neutral Salt Solution in the Treatment of Desperate Injuries; Exhibition of Apparatus, Dr. C. B. Parker, Cleveland, Ohio.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 23. BALTIMORE, SEPTEMBER 21, 1895. WHOLE No. 756

ORIGINAL ARTICLES.

MALINGERING.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION, AT CUMBERLAND, MD., SEPTEMBER 5, 1895.

By Percival Lantz, M. D.,
Alaska, W. Va.

I HAVE selected for my subject today Malingering, or Feigning Disease. In studying this subject, we will consider it under three heads: What, How and Why?

First, *What* diseases are feigned? We find that nearly every disease that flesh is heir to can be, and often is, simulated with more or less success. In view of this fact, then, the list being so long, we will not consume valuable time by naming them over, but will be content with calling your attention to, and briefly treating of a few of the most common. Among the diseases most frequently feigned are: heart disease, consumption, hematuria, incontinence of urine, epilepsy, paralysis, catalepsy, deafness, dumbness, blindness, tumors, wounds, etc. Mental diseases are often feigned, especially by criminals, in the hope of escaping punishment.

In the second place, *Why* are diseases feigned? There are various and numerous motives. Prisoners will often simulate a disease in order to obtain a pardon, or to be removed to a hospital, where conveniences are greater. For the latter reason, tramps and street arabs may often pretend illness. In the case of some nervous individuals, feigning is practiced in order to obtain sympathy, in others for notoriety, etc. In a great many instances diseases and injuries are feigned in order to defraud railroad or street car companies, and accident insurance companies. These would doubtless come under the head of feigning for a money consideration. Actresses have been known to feign illness for the purpose of advertising themselves. Dr. Latimer mentions the case of an actress who declared that her throat was in such a serious condition that she would be unable to sing upon her regular engagement. The management secured the services of Dr. Latimer to examine her and ascertain if her throat were really affected. In doing so, he made use of a clinical thermometer. "What is that for?" asked the patient. Observing that she was not acquainted with the uses of the thermometer, the Doctor replied, "This is a little instrument which, when introduced into the mouth, registers the exact condition of the throat and tells us if there is anything wrong." Fearing the deception would be exposed, she said it was not her throat at all that troubled her, but her limbs. She said she would not be able to go through with a dance which was in her part. She was finally convinced, however, that there was nothing whatever the matter with her, which was indeed the true state of affairs, so

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she went through with her performance that night as usual.

Among other motives in feigning are, to obtain a pension; to avoid army service; to avoid serving in court as a witness or juror.

In the third place, *How* are diseases feigned? To answer this question fully and state the manner in which each and every disease is simulated would occupy too much time, so we will just treat of it in a general sense. We find that ulcers and wounds are sometimes produced and kept open by application of caustics. Malingerers will sometimes resort to the most disgusting practices, in order to accomplish their purpose; such as swallowing feces, urine and blood; also by mutilating themselves in various ways. "Disease is sometimes simulated by simply lying, or by mimicry, or cunning; at other times by the aid of trusses, splints, bandages, crutches, spectacles or such means." Abroad, where military service is compulsory, it is not uncommon for such as are liable to cut off a finger, break a tooth or put out an eye, to avoid conscription.

It is evidently very necessary that, if a person is feigning, he should be found out. It will not only prove a great saving in patience, medicine and perhaps money, to some one, but since "feigning is a species of fraud and the exposure of fraud is a public good," it should be done in justice to the physician himself, to the profession, to the public and to the patient.

In the detection of feigning, there are certain general rules, according to Dr. Fairbrother, which greatly aid in the investigation.

1. *Moral Character.*— In a case under observation, where feigning is suspected, if upon investigation the person is found to be of bad moral character, if he is untruthful and a schemer and associates with people of this sort, that may be set down as supporting the theory of feigning.

2. *Motive.*— If, from the disorder complained of, any considerable gain is to accrue, such as pecuniary damages, excuse from prison work, or the sojourn in a charitable institution, this may be considered as a part of the evidence of feigning.

3. *Physical Condition.*— If the person under investigation complains of some serious illness or injury that would naturally make its impression upon the physical condition, and if, at the same time there is no appearance of this impression, but on the contrary the expression of countenance, the color of skin and general appearance indicate perfect health, this also should be considered as strong evidence of feigning.

4. *Expression of Countenance.*— Very few people are experts in deception. The heart of man is naturally honest and attempts to deceive are often betrayed by the expression of countenance. It is the desire of the eye to look up, but it is forced to look down by a guilty conscience. A person feigning will never look his examiner in the face and answer his questions clearly and squarely but his countenance will be bent upon the floor and his answers will be guarded and evasive.

5. *Want of Consistency.*— The malingerer is not a medical man. He does not know all the symptoms that belong to a certain disorder. His ardor to learn all the symptoms connected with the disorder of which he complains often leads him into embarassing situations. Thus a man who had received a slight injury in a railroad wreck maintained that he was suffering from concussion of the spine, or railway spine, as it is sometimes called. He was, of course, anxious to do his part in presenting all the symptoms of that hydra-headed ailment. The attending surgeon, observing this ambitious disposition, remarked to a nurse, in the hearing of a relative of this man, that he would think it this disease, but for the absence of one symptom, that the man could lie upon his back while those suffering from this complaint are unable to do so. As was intended, this remark was duly conveyed to the patient, and upon his visit the next morning the surgeon found him lying upon his face and declaring that he could not turn upon his back without the greatest pain.

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In this connection I desire to call attention to a report by Dr. Bevan of Chicago, of twenty-four alleged cases of railroad spine. In the settlement of these cases many frauds were detected in the effort to palm off an old injury or lesion as recent and produced by the accident, such as hernia, bunion, curvature of the spine, blindness in one eye the result of thrombus of the central artery of the retina, displacement of the uterus, gray hair which was dyed at the time of the accident and got suddenly white after it, etc. These cases were produced in a wreck in which one hundred and twenty-three were injured. The interest of this wreck centers on the twenty-four alleged cases of railroad spine backed up by medical testimony. Some of them were clearly cases of malingering, some were examples of traumatic psychosis. These cases have all been settled, and the patients have all recovered. The more interesting cases are here analyzed in detail.

CASE I.—A woman, injury to the back. No evidence of external injury. Claimed paralysis of right upper extremity and that her hair turned white within a few weeks after the injury. Also claimed severe nervous exhaustion and that she was permanently disabled. Settled, $5000. Recovery.

No question but that this case was a mixture of nerve shock and malingering. Her hair had been dyed a reddish brown before the accident and she had allowed it to resume its natural color.

CASE II.—A man. No evidence of external injury. Claim of railroad spine. He remained in his room, used crutches, said one lower limb was paralyzed, that he had great pain in his back and whenever any agent of the company was about he used the crutches and dragged his limb. A detective took him out in a buggy two miles from town to look at some farm land, and left him so that he had to walk home, which he did naturally without the aid of the crutches until he came to the outskirts of the town. Settled, $1000. Within a short time he was teaching school and entirely recovered.

CASE III.—A woman. Rib broken. Claimed damages for railroad spine. Remained an invalid until the claim was settled for $1000, then recovered entirely.

CASE IV.—A man. Bruised leg. Claimed to have railroad spine with paralysis and permanent injury. Remained an invalid until settlement, $1000, then recovered rapidly and returned to work.

CASE V.—A man, ribs broken; claimed to have railroad spine and permanent injury; remained an invalid and sued the company for $20,000. On the morning before the trial the case was settled for $10,000. He recovered and returned at once to business.

CASE VI.—A man. No evidence of injury; claimed spinal concussion and permanent injury. He was suffering from rheumatism at the time of the accident and was in search of a favorable climate to live in. Used crutches. The case was settled for $5000, and the claimant recovered the day he received the check, and traded his crutches at the drug store for toilet articles and left town perfectly well. Settlement was made in this case largely to get rid of the man, as he was putting up all the injured to claim railroad spine.

CASES VIII and IX.—A man and his wife. No evidence of external injury. Both claimed the night of the wreck that they were permanently injured in the spine and would make the railroad company suffer. They went home, pretended to be in bed and invalids for seven weeks with the most exaggerated symptoms of spinal trouble. Settled for $1250 each, and the same week they left for a short trip and returned entirely recovered.

These cases are reported in order to show to how great an extent this form of malingering is carried on for the purpose of defrauding railway companies. The cases all recovered entirely; none of them, however, until settlement had been made.

An instance is noted in which a workingman in a factory sued his employer for damages for an injury alleged to have been sustained while in his employ, which caused him to lose entirely the sight of his left eye. On the day of

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trial, the alleged injured member was examined by an eminent oculist, who gave it as his opinion that it was as good as the right eye. Upon the plaintiff's loud protest of his inability to see with the left eye, the oculist proved him a perjurer and satisfied the court and jury of the falsity of his claim. The tactics employed by the oculist were shrewd and novel. Knowing that the colors green and red combined make black, he procured a black card on which a few words were written with green ink. Then the plaintiff was ordered to put on a pair of spectacles with two different glasses, the one for the right eye being red, and the one for the left consisting of ordinary glass. Then the card was handed to him and he was ordered to read the writing on it. This he did without hesitation, and the cheat was at once exposed. The sound right eye, fitted with red glass, was unable to distinguish the green writing on the black surface of the card, while the left eye, which he pretended was sightless, was the one with which the reading had to be done.

I now desire to report a couple of cases that have occurred in my own practice.

I. A man, aet. about forty years, has for the past two years had symptoms of almost every disease in the whole list of human ailments. He has had, as "Dr. Boneset" would probably say, diseases of the "lungs, livers and lights." His heart, stomach and liver have all had their turn. His kidneys were not slighted, and he thought that even his appendix vermiformis was touched up a little, but he being a man of very moderate means (not able to pay for an operation for appendicitis) of course this was readily excluded. His brain and nervous system, however, came in for their share, and, in fact, like Jerome, he had almost everything except house-maid's knee. Why he did not have housemaid's knee, I suppose he never could tell.

This patient I treated for indigestion for a time with tolerably good results; but he would still have "spells" the main characteristics of which would be peculiar "flashes" and sensations which he described as "whizzings all over him, etc." I became better acquainted with his circumstances, and diagnosed the case as one of "malingering for sympathy," as Charcot calls it, and advised him to be a little careful about his diet, and not to take any more medicine. His condition has considerably improved.

II. The second case comes under the head of malingering for a money consideration, and I regard it as a typical one. About four years ago I was busily engaged in administering unto an elderly lady who was suffering with some heart trouble, when a messenger came in great haste, saying that I should come at once to see Mrs.—— who was very badly injured. He could not give any of the particulars, so as soon as my horse was brought 'round, and my aged patient resting easier, I drove with all possible speed to the patient's house, which was three miles out of town. I found my patient sitting up in a large arm-chair, apparently in great agony. She seemed to be delirious, talking very loudly, yet withal coherently, asking her friends to help her, to keep Mr. M. from hurting her; to please take her home, etc. All this was gone over so systematically that my suspicions were aroused, and after administering a dose of bromide of sodium, I called her father and husband into an adjoining room, and asked them if the patient was ever inclined to be hysterical; if she had ever had a similar attack; if she was naturally of a nervous temperament. To all of these questions I received a most emphatic negative. The patient's condition seemingly not becoming any better, I proceeded to give her a hypodermic injection of morphia and atropia, although it required two or three of the friends, of whom quite a number were present, to hold her arm so I could introduce the needle. "She suffered so intensely that all her muscles were in a state of constant contraction," to use the words of a witness. However, the hypodermic soon quieted her, although no doubt against her will, and she was put to bed. She claimed that Mr. M., a

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neighbor, had violently assaulted her (not carnally); had struck her on the head and knocked her down, etc. She claimed to be seriously injured thereby. From a very close examination, I could find no indication of any physical injury, and so informed the friends. This did not please them. They seemed anxious that I should find something seriously wrong with her, and since I did not, they asked me the next day if I did not think it would be advisable to have a consultation. I said I did not think it was necessary; that it would be just so much trouble and expense for nothing, but if they desired it I had no objection to their calling in another physician. Consequently a consultant from a neighboring town was sent for, and after a very thorough examination, confirmed my diagnosis, namely, malingering, with perhaps a complication of hysteria. The treatment was very limited, consisting of sedatives and some placebos. The patient did not recover, however, for several monthis. In fact, not until after the second trial. A few months after the alleged assault, Mr. M., who was quite wealthy, was sued for $5000 damages. The jury failed to agree, and another trial was held. Again the jury could not agree. I must mention, in passing, as a point of evidence indicating that this was a case of feigning, that the plaintiff testified at the second trial that her health was so seriously impaired that she "had to take medicine from the doctor all the time." That once she ran out of the medicine for a week, and became so much worse that she had to send after more medicine immediately, and continue the use of it. This medicine was really a placebo, consisting mainly of aqua pura, to which was added a little gentian or cinchona to give it a flavor, and was only given for a moral effect. After the second trial, the plaintiff being unable from lack of funds to prosecute the case further, she apparently regained her accustomed health, and has so far as I am aware, enjoyed good health since that time. This case, gentlemen, I consider a typical one of feigning disease for a money consideration. The plaintiff hoped to obtain damages for the alleged injuries. She pretended to have received severe injury to her side. Also that her head ached constantly as a result of her injuries. And then, when it was proven that she had not been struck, in fact, had not received any physical injury whatever, the case being over, and no prospect of a new trial, she immediately regained her normal degree of health. There was no further cause for simulation.

The treatment of malingering must necessarily suggest itself in each individual case. I believe, however, that it should be mainly psychical or moral in its *modus operandi*.

THYROTOMY.— Mr. P. de Santi (*Lancet*) read a paper on the operation of thyrotomy, with a short account of the cases in which it has been performed at St. Bartholomew's Hospital during the last nine years. Thyrotomy was first performed at St. Bartholomew's Hospital in 1886; since then nine thyrotomies had been performed there for malignant disease and eight thyrotomies for innocent growths and other causes. Mr. Butlin's private cases were nine for malignant disease and two for innocent growths, which altogether make twenty-eight thyrotomies. Mr. de Santi preferred chloroform to ether in this operation on account of the excessive secretion of saliva. He also laid stress upon the sponge round the Hahn's tube being aseptic. He advocated the use of a five per cent. solution of cocaine to the larynx after division of the cartilage, to lessen the hemorrhage and remove reflex excitability. The sponge cannula is to be removed, and the wound dusted with iodoform and covered with gauze; the patient should be kept on his side with the head low in order to facilitate the flowing away of the discharge and lessen the risk of pneumonia. The feeding of the patient during the first two days is chiefly done by nutrient enemata; on the day following the operation the power of swallowing should be tested.

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SANITARY INSPECTION OF MILK AND LIVE STOCK.

READ BEFORE THE BALTIMORE MEDICAL ASSOCIATION.

By C. Urban Smith, Ph.G., M. D.,
Baltimore.

FOR the past twenty years' sanitary science has made great strides, due undoubtedly to the extension of bacteriology and no subject has received closer and more careful attention than the analysis of milk. Milk is the nearest substance we have to a perfect food and were it not for its deficiency in iron we would have in it an ideal preparation for the support of human life.

When we consider the large quantity of milk used in this country for food it is easy to comprehend the dangers arising from chemical changes and pollution.

A large percentage of the infants of the United States are artificially fed, and the principal article of food is cow's milk in one form or another; hence the large infant mortality that confronts us every year.

Sanitary officers have long been in error as to the purity of milk, basing their standards upon the total amount of solids without regard to contamination with bacteria. This is perfectly correct from a commercial standpoint but is not sanitation. At the present day we are in possession of almost exact knowledge as to the manner of the distribution of diseases by milk, and know that serious dangers arise from the contamination of the food by microbes.

We are all more or less familiar with the examination of milk carried on by the greater number of health boards, being simply an analysis as regards total solids and chemic composition. The contamination of milk by specific microorganisms from disease among the milk-yielding animals or among the persons about the farms is an undisputed fact, and possibly there are many that do not fully appreciate the extent to which tuberculosis exists among dairy cows and infects human beings. Dr. Leffman, Food Inspector of Pennsylvania, very truthfully asserts that the production of cow's milk for human food under the present methods of collection and use is one of the most dangerous of human industries.

The *Medical Record* of January 6, 1894, speaks of the enormous practical value of tuberculin in animal industry. The positive existence of the disease, determined by the use of this lymph in cattle affected by tuberculosis, is sufficient to laud the name of the discoverer, Prof. Koch, forever.

The State Board of Health of New York reports the case of a valuable herd of thoroughbred cows that were pronounced healthy by veterinarians, being examined twice in six months in the usual way. A third examination with the aid of tuberculin caused a condemnation of over half the herd. This same board of health is killing by the hundred animals condemned by diagnosis with tuberculin and the pathologists say the autopsies show the diagnosis to be correct in every case. A temperature of 103° or over after an injection with tuberculin condemns the animal.

It is rather peculiar that the early deposit of miliary tuberculosis causes the animal to improve in weight and general appearance, often producing richer milk; nevertheless it is a fact and we can readily see the impossibility for veterinarians to discover the disease by physical examination, until it is far advanced and probably has infected the whole herd. Unprincipled dealers take advantage of this fact and inoculate their cows with the tubercle bacillus in order to improve the general appearance and thereby bring a higher price in the market. There have been 15,000 tests made with tuberculin in England.

We are slowly realizing the relation of milk to the prevalence of disease,

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which is claimed to be the cause of one-seventh of the deaths in civilized countries. The conveying of disease by milk, from persons affected upon the premises where it is produced, may be frequently traced. I had an experience with three cases of enteric fever, all in the same neighborhood in this city, which was clearly traced to the milk supply. Each one of these individuals was supplied with the same milk by an old man that kept one cow in the suburbs and by careful investigation I found that his son had not long recovered from an attack of typhoid fever. The stools not having been disinfected were deposited in a shallow sink fifteen feet from the well from which the family obtained their water supply.

There are any number of infectious diseases that may be traced to dairy farms. The Massachusetts State Board of Health gives some interesting data regarding several epidemics of enteric fever traced to farms where the disease existed and which were conveyed through the medium of milk. If you visit these farms, I dare say in 90 per cent. of them you will find a total disregard of all sanitary measures. Frequently you find the well from which the water supply is derived close to the stable or sink and it will surely become polluted sooner or later. This water is used for drinking and cleansing purposes not to speak of what goes in the milk. The cow sheds and mangers as a rule are in a filthy condition.

When milk is taken from cows entirely healthy and on farms where no disease exists, it may also become a dangerous article of food, due to the decompositions which are induced in it by bacteria, serving as it does as an admirable medicine for their growth. Many species of bacteria produce marked changes in the casein and highly poisonous compounds are set free. Careless methods of milking favor the contamination of the milk with all kinds of common bacteria of air, water and soil, and as ordinarily furnished in summer temperature, the bacteria multiply with great rapidity. To this fact we may attribute the high infant mortality from intestinal diseases occurring every warm spell.

It is claimed that the tubercle bacillus enters the lacteals and prevents the absorption of food and we have death by starvation. Sterilization is a happy solution of the bacteria problem and should be generally practiced, although we occasionally find cases that do not take kindly to this preparation of milk. There is quite a diversity of opinion in regard to the propriety of allowing milk to be used that is produced by cows fed upon brewers' grains or distillery wash.

Professor Konig of Munster, an eminent authority on cattle feeding, says there is no objection to giving 45 or 50 pints of distillery wash a day provided other suitable food is also given. He also says that it would be better not to give it in a sour condition and milk from cows fed with this food should be sterilized. He thinks all the objections could be overcome by using distillery wash in the dried state.

Professor Mercher of Halle, also an eminent authority, says we have no good ground for the belief in the injurious effect produced by the feeding of cows upon distillery wash. He claims the distillery wash is thoroughly sterilized in its manufacture, and if the milk from such cows has produced illness it is due to the improper sanitary condition of the cowsheds and mangers. Under such conditions any food might produce similar ill effects.

The annual register of the diseases of children of Germany publishes the first evidence on the subject founded on exact observation, and which is the result of the investigations of Uffelman and Ohlsen of Rostock. This report says: The milk from distillery fed cows is of neutral reaction, sometimes alkaline. Acidity did not set in for forty-eight hours. If suitable food is given in addition, the milk does not appear unsuitable for feeding infants. There is no proof that the milk produces indigestion or rachitis. Microscopic and bacteriologic examination did not prove any difference from other milk.

The adulteration of milk except by water is not practiced to any extent of

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late years. Watered milk may be detected by specific gravity or by the amount of solids by evaporation. The specific gravity varies from 1026 to 1035. A very large quantity of cream lowers it, and after the cream is removed the specific gravity may rise under ordinary circumstances about 2°. The average specific gravity of unskimmed milk may be taken as 1030 at 60° F., and the range is nearly 4° above and below the mean. At 60° F., there is a loss of 3° for every ten per cent. of water added. The principal substances of adulteration are starch, dextrin or gum, to conceal thinness, and the bluish color produced by water; annatto or turmeric is added to color; emulsions of hemp or almond seed to thicken or cream; chalk to neutralize acid and give thickness; sodium carbonate to prevent acidity or souring.

It is quite necessary from an economic standpoint that adulteration should be suppressed, hence the necessity for a standard. The Society of Public Analysts of England, which is represented by the highest judgment on the subject, fixes the standard at 8.50 per cent. solids not fat, and 3.00 fat.

The condemnation of skimmed milk is certainly unjust, and it should be sold, being properly labeled. It is thoroughly wholesome and possesses all the nourishing properties excepting the fat that whole milk does.

The effects of what is ordinarily called bad milk are sometimes brought under our notice in practice. Professor Mösler has directed attention to the poisonous effects of "blue milk," that is to say milk covered with a layer of blue substance which is in fact a fungus, either oidium lactis or penicilium, which seems to have the power in certain conditions of causing the appearance in the milk of an aniline-like substance. Milk of this kind gives rise to gastric irritation, and in four cases mentioned by Mösler it produced severe febrile gastritis. Milk which is not blue, but which contains large quantities of oidium, appears from Hessling's observations, published in Virchow's Archives, to produce many dyspeptic symptoms and even choleraic-like attacks as well as aphthous affections of the mouth. The contamination with pus from an inflamed udder or an abscess on the udder will give rise to stomatitis in children and to aphthæ on the mucous membranes of the lips and gums. Cows feeding upon rhus toxicodendron, which is supposed to give them the trembles, produce milk that causes in children extreme weakness, vomiting, fall in bodily temperature, swollen and dry tongue with constipation. Several of our health boards are awakening to the necessity of the scientific inspection of milk and live stock, and have adopted measures for carrying on this work.

In our State we have practically no sanitary regulations in this direction, all efforts being in a commercial direction. Anyone that will examine into our food inspection, I am sure, will agree with me that it is a grand farce.

This is a subject of no mean importance, and the physicians and sanitarians of Maryland should agitate the question. We want a bacteriological laboratory established and controlled by a competant bacteriologist. Not only for this work is it sadly needed, but for the use and convenience of the general practitioner in infectious diseases. Where time and general environment will not permit of his own investigations, there should be a thorough sanitary inspection of all milk-producing animals by the aid of tuberculin. It would no doubt cost the State considerable money to reimburse all owners for cattle killed that have been found unfit for use, but the benefit derived from such an expenditure would well repay the residents of this State.

SPONTANEOUS RUPTURE OF THE NON-GRAVID UTERUS.—Meinert (*British Medical Journal*) remarks that this accident is believed by many to be mythical. He has, however, observed two cases. In the first there was hematometra with extreme retroflexion; rupture occurred, abdominal section was performed, and the patient recovered. In the second case pyometra existed. The uterine walls gave way. The abdominal cavity was opened. Operation was also successful.

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A CASE OF APOPLEXY.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION, AT CUMBERLAND, MD., SEPTEMBER, 5, 1895.

By J. W. Johnston, M. D.,
Davis, W. Va.

MRS. C., aged 47, plethoric, always healthy until she arrived at that critical period (menopause). Since that time she has not enjoyed very good health. I will here give you a history of her case and I want an opinion from every physician in the house.

She has suffered from muscular rheumatism, not constantly, but with very short intermissions. On the 12th day of June, my partner, Dr. Smith, was called in for the first time, diagnosed acute articular rheumatism with all the characteristic symptoms, namely, swelling of the joints, pain, slight elevation of temperature, etc.

She improved under treatment, got out of bed in three days, but not well. On the 14th day of July I was called in, found the same thing, except that it was confined to the right hand, badly swollen and great pain. On the 18th inst. I was sent for at 12 o'clock M. The messenger came for me in great haste, stating that Mrs. C. was dying. When I arrived I found the following symptoms: Sitting up in bed, stomach very much distended, pulse 80 and good, temperature normal. She said to me when I went in "that she was going to die." She was praying, calling all her family together and bidding them good-bye. I gave her every assurance that she would not die at present. Pupils dilated.

She finally got to belching. I gave her an enema of warm water. In a short time she was quiet and went to sleep. The next morning I found her better, and she apologized for her actions of the previous night and was apparently all O. K. No fever for three days; pulse good. On the 20th, at 7 P. M., I was hastily summoned. Dr. Smith and myself went over and found the following condition: She was lying perfectly quiet in a comatose condition, pulse 114, temperature 98°, right pupil dilated, left slightly contracted, limbs cold to the knees; stuck her with pins, she did not flinch. We went into another room and consulted and decided she had apoplexy. We so informed the family and told them she would not recover. She lay in this condition until 11.30 P. M., when another physician came in and diagnosed the case hysteria. We disagreed with him. We agreed to apply a test. Applied a small faradic battery. After some little time she asked us to take it off. (Passed urine and feces involuntarily.) We did so, fully satisfied that we did not have a case of apoplexy, but still not satisfied in regard to it being a case of hysteria.

For several days she did not seem to improve; finally she began to improve and got so she could talk fairly well. On July 29, she had another attack and was totally paralyzed. Right pupil dilated and left contracted, temperature per vaginam 100°, axilla normal, pulse ranged from 114 to 120. She lay in this condition for two days and died at 8 P. M., on the 31st. Her pulse increased in frequency until it reached 170.

I forgot to mention that her mind was very much impaired; in fact, most of the time during her sickness. It resembled very much a case of acute mania, and was so diagnosed. I hope the physician who made the diagnosis will give symptoms as they existed at the time he saw her.

I will give what the P. M. revealed after I hear from the Society. On P. M. examination, found the dura mater very much congested, blood-vessels very much distended, one clot in the left lateral ventricle, evidently an old one, because it resembled dry blood, and the brain tissue was beginning to soften around it. Another in the right lateral

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ventricle evidently of a more recent date, as there was no softening and the clot was easily removed. One in the third ventricle, and two on the medulla, evidently of a very recent date, none larger than a pea.

In the basilar artery we found quite a number of emboli. Our conclusions are these: That the first attack was due to the clot in the left lateral ventricle, the second was due to clots in right lateral and third ventricles, and the third attack was due to the clots on the medulla and occlusion of the basilar artery, and that she did not have hysteria in any sense of the term, and that this mental condition was due to the structural changes that would necessarily take place from the presence of these clots.

THE BLOOD ALTERATIONS OF ETHER ANESTHESIA.— Dr. John C. Da Costa in the *Medical News* draws the following conclusions from his observations:

1. Etherization produces a marked diminution in the hemoglobin of the blood.

2. The red corpuscles and the hemoglobin are especially affected in blood previously diseased, in such conditions, for instance, as anemia.

3. Irregular reports are due to faulty observation, to the presence of altered hemoglobin in the blood, to the faulty aberration as to color of a Fleischl instrument, or to taking the blood before anesthesia is completed.

4. The white corpuscles show irregular changes which are not characteristic, and exhibit variations not more pronounced than would be found in the same number of samples of normal blood on different examinations.

5. Age does not apparently influence the results.

6. Ether-pneumonia may possibly be due, in some instances at least, to the action of intense cold upon the lungs, produced by the action of the ether-vapor.

7. Edema of the lungs may arise from contraction of the pulmonary capillaries, thus producing a loss of vis-a-tergo and damming up of blood in the veins. Furthermore, the same condition may produce sudden paralysis of the heart.

8. The often-quoted observation as to the effect upon the hemoglobin of shock and hemorrhage requires enlarged repetition upon human beings before the statement can be unreservedly accepted that hemorrhage causes a great fall in the amount of hemoglobin, but that shock does not affect it.

9. The chilling of the blood-stream may be responsible for the nephritis that occasionally follows etherization.

10. Prolonged anesthesia profoundly deteriorates the blood and strongly militates against recovery; hence rapidity of operation is most desirable.

* * *

THE MANAGEMENT OF GIRLS AT THE PERIOD OF PUBERTY.— Dr. Playfair of London (*Medical Record*, August 31) read a paper entitled "Remarks on the Education and Training of Girls at and about the Period of Puberty." Up to puberty there was no necessity to treat boys and girls differently. At puberty well-defined changes occur in the girl and there was an especial development of the nervous and emotional system. With limitations essential to sex, he considered that the advent of the higher education of women was an advantage. The fault of nearly all who managed high-schools was that they ignored the sexual functions of the girls and that they contend that there was no real difference between the adolescent male and female. If that were so, how is it that we see so many cases of anemia in the adolescent girl, and the disease is almost unknown in boys? One reason is that in boys' schools physical sports are compulsory, while that is not so in girls' schools, and the tendency is for them not to take nearly sufficient exercise. Exercise should be compulsory in girls' schools and another regulation he would like to see would be one to interdict corsets. He would insist on the importance of at once stopping all school work when symptoms of illness begin to show themselves.

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SOCIETY REPORTS.

THE TRI-STATE MEDICAL ASSOCIATION.

The Tri-State Medical Association met in the City Hall, Cumberland, Md., Thursday, September 5, 1895, at 1.30 o'clock P. M., and was called to order by Dr. S. S. Good, the President.

Dr. J. J. Wilson of Cumberland delivered the address of welcome and the President responded in an appropriate manner, giving a brief summary of the work of the Association for the year.

Dr. J. B. Murdock of Pittsburg, Pa., was then introduced and addressed the Association upon THE ADVANTAGES OF TORSION AS A MEANS OF ARRESTING HEMORRHAGE. He said, in substance, he regarded nothing so important as arresting hemorrhage during surgical operations. Surgeons have been endeavoring to find out the best means of obtaining this result throughout the ages. First, the tourniquet was used, causing in some cases gangrene by too much pressure being exerted. The actual cautery came next, and with the fillet continued until Ambrose Parê demonstrated the great value of the ligature. For more than two hundred years after the cautery continued to be used. Torsion has had advocates all down the ages, nearly as long as the ligature. Thomas Bryant brought it into prominence in England. It is largely employed in Pittsburg now, through the influence of Dr. Murdock, who has been using it successfully in his surgical work in the Mercy and West Pennsylvania Hospitals for a number of years. Used in one thousand amputations in these hospitals with excellent results. Two methods of torsion are employed, the free and limited. One pair of forceps used in free torsion, two in limited. Dr. Murdock has modified the limited form by employing the thumb and finger of left hand instead of second pair of forceps. The advantages claimed for torsion are that it favors coagulation of the blood in the artery better than ligature; that it is less likely to be followed by secondary hemorrhage; that no foreign substance (as ligature) is introduced into wound; that wound heals by first intention.

After the conclusion of the address, discussion followed, participated in by Drs. C. S. Hoffman, R. L. Randolph, J. M. Spear and J. D. Skilling.

Dr. Murdock was tendered a vote of thanks and elected an honorary member of the Association.

The following officers were elected for the ensuing year: Dr. C. S. Hoffman, Keyser, W. Va., President; Dr. J. M. Spear, Cumberland, Md., Vice-President; Dr. J. W. Johnston, Davis, W. Va., Vice-President; Dr. S. H. Gump, Bedford, Pa., Vice-President; Dr. Percival Lantz, Alaska, W. Va., Recording Secretary; Dr. F. W. Fochtman, Cumberland, Corresponding Secretary; Dr. H. W. Hodgson, Cumberland, Treasurer.

A letter was read from Dr. Rohé of Baltimore, regretting his inability to be present at the meeting.

Dr. Percival Lantz read a paper entitled MALINGERING, which was discussed at some length by Drs. Randolph, Good, Wilson and others, each physician citing one or more cases which had come under his observation. (See page 413.)

Dr. R. L. Randolph of Baltimore reported a very rare case of sympathetic ophthalmia where vision was preserved in the injured eye. As a rule, sympathetic ophthalmia never shows itself in those cases where vision is still present in the injured eye. This case was seen at the Johns Hopkins Hospital. A stone cutter by occupation who had received a penetrating wound of the ciliary region seven weeks previously. The anterior chamber was full of pus. This was evacuated and the vision in the eye rapidly improved and finally reached a point where he could discern large objects in the room and could readily count fingers. This was about five weeks after the injury. At this time he complained of dimness of vision in his good eye and an examination of this eye revealed a typical plastic irido-cyclitis of sympathetic origin. The problem was what to do. Had the injured eye been blind, enucleation would have been resorted to at once, but it should be re-

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membered that there is a case on record where a patient in just such a plight was seen by a surgeon and the latter wisely concluded not to enucleate and when he saw his patient one year later the injured eye was the eye which alone possessed vision, the sympathetically affected eye having become blind. The injured eye in vision in Dr. Randolph's case sunk rapidly for some unknown reason and the necessity for not enucleating it no longer existed, so it was enucleated. The whole interest of this case is centered in the fact that the sympathetic inflammation broke out while vision was still present in the injured eye.

At 8 P. M., the Association again met and opened with a good attendance. Dr. Hoffman, the newly elected President, presiding.

Dr. J. W. Johnston of Davis, W. Va., read a paper entitled A CASE OF APOPLEXY (see page 421), which was discussed by Drs. Spear, Brotemarkle and Doyle.

Dr. Percival Lantz presented a patient with the diagnosis of lupus. The patient was examined by the members and discussion as to methods of treatment followed, participated in by Drs. Good, Doyle and Spear. Dr. Lantz closed the discussion.

Dr. J. A. Twigg read his paper on SHOCK AND ITS TREATMENT. In the discussion that followed, Dr. Good said he thought it impossible to make a general rule for the treatment of shock, each case being a law unto itself.

Dr. A. B. Price thought ether the best anesthetic to be used in shock.

Dr. Duke related a recovery from severe shock following operation, with use of heat, and strychnine hypodermically.

Dr. Spear said he did not believe much in use of stimulation, or hypodermic medication in severe shock. He advised waiting for reaction.

Dr. Brotemarkle reported a case of a man cut by chain-saw, both limbs having been cut off, followed by severe shock and death.

Dr. B. M. Cromwell reported a case of profound shock following abortion, resulting in recovery.

After the close of the discussion it was decided to hold the next meeting in Cumberland during the month of December. Adjourned to meet at that time.

E. T. DUKE, M. D.,
Secretary.

MEDICAL PROGRESS.

CHOLERA AND COMMA BACILLI.—In the scientific memoirs by medical officers of India (*Homeopathic Recorder*) appears a paper on The Results of Continued Study of Various Forms of the Comma Bacilli Occurring in Calcutta, by Brigade Surgeon Lieutenant Colonel D. D. Cunningham, F. R. S., C. I. E. It will be remembered that Dr. Cunningham is one of those cited as giving evidence in favor of the comma bacilli—a citation which is far from correct, since an imperfect report of his was accepted as positive evidence when such was only intended to be preliminary. In this paper Dr. Cunningham emphatically declares that cholera in Calcutta is not invariably characterized by the presence of any cultivable comma bacilli in the intestinal contents, and that even in cases where such organisms are present they by no means invariably give characteristics described by Koch and ordinarily accepted as belonging to true cholera bacilli, but differ greatly in different instances both as regards their morphological and physiological properties.

* * *

DOES ETHERIZATION EVER CAUSE ACUTE LOBAR PNEUMONIA?—Dr. W. H. Prescott (*Boston Medical and Surgical Journal*, 1895, CXXXII, page 304) has not found any reference to ether as the exciting cause of acute lobar pneumonia in literature. It is generally agreed that the pneumococcus is the cause. There are many cases of broncho-pneumonia and inhalation-pneumonia and others with pulmonary symptoms, but none of true lobar pneumonia. Upon examining hospital records covering more than forty thousand cases of ether-

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ization, three cases of acute lobar pneumonia were found.

The first case was that of a widow of 40, with an abdominal tumor, which was examined under ether. The next day she had a severe chill, cough, bloody expectoration, pain in right lower back, considerable dyspnea and some cyanosis. Dulness below angle of right scapula; bronchial breathing. Autopsy six days later showed the right lung, except the apex, completely solidified.

The second case was also that of a widow, aged 53. She was etherized for a perineorrhaphy. Four days later complained of pain in right lower chest. On examination was found to have a pneumonia.

The third case was in a patient 60 years old. He had a slight chill during exposure two days before etherization. Three days after operation temperature rose to 105 degrees F. and an attack of acute lobar pneumonia began. In view of the very large number of etherizations and the small number of pneumonias reported, it may be said that ether rarely acts as the exciting cause of pneumonia, and that the three cases above mentioned may have only been coincidences.

* * *

GALL-STONE EXTRUDED THROUGH ABDOMINAL WALL.—Dr. Pilcher (*Brooklyn Medical Journal*) presented a gall-stone, one inch in diameter, from a lady 65 years old. Last June she presented symptoms of inflamed gall-bladder, a tender and painful tumor extending from margin of liver toward umbilicus. There had been painful seizures, evidently from gall-stones. There was a distinct phlegmon connected with the tumor involving the abdominal wall. Operation was done under the belief that it was a suppurating gall-bladder adhering to the abdominal parietes. The phlegmon was incised and much pus evacuated. No communication could be found with the gall-bladder. The cavity was curetted and irrigated and contracted very much. Patient was so much relieved that she declined further treatment, although a tumor still existed in the region of the gall-bladder. A discharging sinus remained, discharging viscid fluid until recently. General health greatly improved. Recently, induration and obstruction to the sinus showed itself and after poulticing there was spontaneous opening and discharge of the immense gall-stone.

* * *

EXPERIMENTAL CONTRIBUTION TO THE PHYSIOLOGY OF THE THYROID.—N. Dedominices (*University Medical Magazine*) says:

1. Thyroidectomy, when total, brings on, in from two to four days, rarely later, certain dystrophic and serious nervous phenomena that almost inevitably cause the death of the animal.

2. The cases in which these effects fail to be produced are very exceptional, and the true reason for them is not yet surely known. We may admit a vicarious development of succenturiate thyroids, but it cannot be denied that there may be other modes of compensation as yet unknown to us, and this seems absolutely so suggested by certain results of the experiments.

3. The morbid condition to which thyroidectomy gives rise is due to a direct autointoxication, which affects principally the central nervous system. The thyroid seems to have the function of neutralizing certain toxic products that are continually circulating in the blood and which gradually accumulate in the system, producing serious and fatal effects without the intervention of the thyroid secretion.

4. There is absolutely no connection between the function of the thyroid and that of the spleen.

5. The implantation of the thyroid in another part of the body, if successfully done, never fails to prevent the fearful and fatal effects of thyroidectomy.

This is very different to what happens when a successful attempt is made to transplant the pancreas.

THE Illinois State Board of Health has ordered examination of matriculates of all medical colleges by the faculty of the State University.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, SEPTEMBER 21, 1895.

Educated Woman.

WHAT has woman accomplished since the opportunities of higher education were vouchsafed to her? Is it too soon to form an intelligent opinion on the subject, and if not, have the results justified the means? Some English statistics have recently been brought forward by a Mrs. Gordon, in the *Nineteenth Century*, for July, which enable us to at least form some idea upon the subject regarding English women. The careers of the graduates of some seven or more of the institutions for the higher education of woman in England during the past fifteen to twenty years have been followed, and the sum of the results is stated to be that of 1486 of these ex-students 680 are engaged in teaching, 208 have married, 11 are pursuing medicine, 2 are nurses, 8 or 9 are in government employment, 1 is a bookbinder, 1 is a market gardener and 1 is a lawyer. These figures, if reliable, and they seem to have been collected with great care, show a singular want of diversity of employment and will afford much disappointment to the advocates of the woman movement. They do not afford much encouragement to our young women to enter upon this expensive and laborious training requiring so many of the best years of their lives. And further the low percentage of marriages shows that there is something in the surroundings of these women which prevents the realization of the natural and highest destiny of man or woman, a state for which nature has formed them and upon which the continuance of the species depends.

But few of the "friends of woman" in this country will be willing to accept the above statistics as representing the state of affairs existing here, however faithfully they may represent those of England. England is a country, they will say, of precedent and it is hard to eradicate the prejudices and alter the customs of that most conservative nation. With us it is different; the field is open to all, of either sex, who will go in and occupy it. We believe this to be true and this problem must find its solution, if at all, in this republic. But of one thing we are equally assured and that is that woman's occupation must be limited and altogether insignificant compared with that of man. It requires no argument to show that her peculiarities of structure and function and the demands of maternity will always handicap her in the race with men, therefore that the advantages of the "higher education" must be reserved for comparatively few — the chosen few, let us hope — of her sex.

* * *

Remote Country Practice.

THE city physician, surrounded by the conveniences and luxuries of city life, can scarcely appreciate the discomforts and even hardships to which his country brethren are habitually subjected. Only those who have actually experienced or witnessed it can realize the life of the country doctor. The writer has known such a physician in a wealthy rural community embracing a large village, the county seat, to say that he had rather see his sons breaking stone on the common pike than following in his footsteps. This was doubtless an exaggeration and only illustrates the tendency men have to magnify those evils which are nearest, and to depreciate or be blind to

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those which are remote. Horace, in one of his most famous poems, satirized this weakness centuries ago.

The hardships spoken of are of course seen in their most aggravated degree in remote and but newly-settled sections. We obtain an interesting insight into such an experience in a paper published in the *Medical Age* by P. A. Walling, M. D., and entitled "Pioneer Practice of Medicine in the Northwest."

The writer began life, he says, in a country "shantie," and except during professional study has lived only in the country. He went to the place of his residence within two years of its settlement, when it was fifty miles from a railroad and fifteen from a postoffice. His territory extended ten by fifty miles and the temperature varied from 55° below zero in the winter to 100° above in the summer. He has often been called out of bed at 3 A. M., hitched up his horse and ridden eight or a dozen miles in a fierce blast at a temperature 40° below zero.

Books, journals and medical societies were almost unknown luxuries, for mouths had to be filled and clothing was a heavy item of expense. He was expected to know everything about his profession. He was compelled to meet alone and without counsel the most trying emergencies of life. The rewards were largely those of the *mens conscia recti*. When collection time came, oats, hay, flour, potatoes, meat, wood, straw, work, and in fact almost anything, had to be accepted in lieu of money, which came in only exceptionally.

The pioneer physician was not expected to have an office, the sitting-room serving for that purpose. A dry goods box, or if that could not be obtained, the floor, served for a book case; instruments were carried in the pocket, whilst those used for sawing the wood and cutting the breakfast bacon were resorted to for amputations. The horse which carried him to see his patients also drew his wood and ploughed his garden. His leisure time was occupied in cutting wood, hoeing corn, cultivating pumpkins and potatoes, building fences, improving the lawn and repairing buildings. When through the day's work and his horse has been fed and the wood cut for his frugal breakfast, he retires early, perhaps to commence the next day's work at midnight.

Time works its changes and the telegraph and railroad and civilization bring the wished-for blessings and make the practice of medicine less and less onerous.

That such a life does not necessarily harden one's feelings and deprive him of faith in humanity, we learn from the assurances of Dr. Walling, who enters a plea for the brother who, discouraged by his hard lot, takes refuge in the flowing bowl or the narcotic. And as he says, may we not derive fresh courage from the knowledge that there are always true men who honor the honest physician who strives to do his duty even under the discouraging surroundings of pioneer life?

* * *

The Use of the Telephone.

We have often been struck with the annoyance to which our friends, the druggists, are subjected by the use of their telephones by the public generally—for it is not confined to the patrons. It is no uncommon thing for the telephone to be used for long, frivolous and entirely useless conversations, while frequently the druggist and his assistants are called upon to convey the message themselves. Why should the public not pay for this as it does for other things which it requires and uses? Were a small fee required, it would, we doubt not, promote dispatch and save the annoyance and loss of time required by the necessary supervision of the telephone. Some such arrangement as that which is about to be introduced in Chicago seems called for. There a dime-in-the-slot attachment is to be added to all public telephones, so that in every case ten cents must be deposited before the number called for will be connected.

* * *

To Work Again.

The cool weather of the past few days has reminded us that the holiday season is nearly over and that the work of another year is about to begin. The life of the physician is a most exacting one and there are many no doubt who do not enjoy from one year's end to another any respite from their labors; but we hope an increasing number have this season had the needed rest and relaxation and that all will be soon cheered by a return of business prosperity.

* * *

It is estimated that one doctor to one thousand of the population is about the proper proportion to ensure all a living.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 14, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		3
Phthisis Pulmonalis		17
Measles	3	
Whooping Cough	9	4
Pseudo-membranous Croup and Diphtheria.	9	3
Mumps		
Scarlet fever	18	2
Varioloid		
Varicella		
Typhoid fever	21	10

An addition will be built to Roosevelt Hospital, New York, to cost $150,000.

Sir John Tomes, F. R. S., the father of the dental profession in England, died July 29, aged 80.

Dr. Bedford Brown of Alexandria has treated 150 cases of smallpox with a mortality of not over 3 per cent. by the internal use of tinct. ferri chloridi.

Damages of $175 were awarded the plaintiff in Boston lately, for the negligent delivery by a drug clerk of salts of tartar instead of rochelle salts as ordered.

Dr. A. H. Doty, Health Officer of the Port of New York, has recently set sail for Tampa, en route for Havana for the purpose of studying on the ground the Cuban management of yellow fever.

At Pesaro on the Adriatic, Dr. Giacomo Asiari attained his hundreth year on the 29th July, 1895. He received his diploma at Florence, 1821. Since 1861 he has enjoyed a "serene and honored" old age, subject only to a long standing neuritis.

An interesting comparison has been made between the number of physicians practicing in civilized and uncivilized countries. Thus New York City has 3500 physicians for her 2,000,000. China has twelve hospitals and twenty-five physicians for 400,000,000.

Dr. Frederic M. Warner reports twenty cases of intubation (*New York Medical Record*) with six recoveries; ten were treated with calomel sublimation in addition, three recovering. The other treatment was iron, bichloride and stimulants with local application of peroxide of hydrogen.

In a recent discussion on cancer of the uterus in London, Lusk, Playfair and Sinclair of Manchester declared that they had no faith in the microscope in the diagnosis; Martin of Berlin, and Taylor of Birmingham, on the other hand, placed absolute reliance on it. Taylor called attention to blood on the examining finger as a most valuable clinical sign.

At Liberty, N. Y., there will soon be built a new rural retreat for consumptives, for which purpose $20,000 has been contributed by Mr. J. Pierpont Morgan. The location has a high reputation for salubrity and attractiveness. Its easy accessibility to a large population, needing a sanitary retreat less remote from the metropolitan district than are the Adirondacks, will tend to build it up even more rapidly than that on the Saranac.

A training school for nurses was opened September 9, at the Western Maryland Hospital in Cumberland, with an address by Rev. J. E. Moffat. The lecturers, each of whom will deliver one lecture a week, are Drs. H. W. Hodgson, J. A Twigg, E. T. Duke, W. F. Twigg, H. B. Miller, C. H. Brace and Mrs. Florence Wilton. Mrs. Wilton is a graduate of a New York school and has been engaged by the Board of Directors to give instruction on special nursing.

Mrs. Henry D. Polhemus has presented to the Long Island College Hospital as a memorial of her husband, who was one of its regents, and one of its early benefactors when it needed help to prevent closure, a building which will be both a dispensary and a medical college combined. It will be situated on the corner of Henry and Amity Streets, directly opposite the present college structure. The plans are now being prepared, and it will be ready for occupancy in September, 1896, when the graded course adopted by the college goes into effect. The estimated cost of property and building is $250,000 and there will also be given $250,000 additional for permanent maintenance.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending September 16, 1895.

Major Henry M. Cronkhite, Surgeon, will report in person to the president of the Army retiring board to convene at Chicago, Illinois, on October 8, 1895, at such time as he may designate, for examination for retirement.

Leave of absence for one month from the date of his relief from duty at Fort Logan, Colorado, is granted Captain Louis A. LaGarde, Assistant Surgeon.

So much of Special Order 202, Adjutant General's Office, August 29, 1895, as relieves First Lieutenant Charles E. B. Flagg, Assistant Surgeon, from duty at Angel Island, California, and assigns him to duty at Fort Hancock, Texas, is revoked.

Upon abandonment of Fort Bufort, North Dakota, Captain Edward C. Carter, Assistant Surgeon, will report for duty at Fort Harrison, Montana.

First Lieutenant Charles F. Kieffer, Assistant Surgeon, when his services are no longer needed at Fort Buford, will be relieved from duty at that post, and will report for duty at Fort Omaha, Nebraska.

So much of the order as directs First Lieutenant Francis A. Winter, Assistant Surgeon, on being relieved from duty at Fort Hancock, Texas, by Lieutenant Flagg, to report for duty at Fort Grant, Arizona, is amended to direct him to so report upon the abandonment of Fort Hancock.

So much of Special Order, 112, Adjutant General's Office, May 13, 1895, as directs Captain Charles Richard, Assistant Surgeon, to take station at St. Louis, Mo., for duty as Attending Surgeon and Examiner of Recruits, in that city, is revoked and upon the expiration of his present leave of absence, he is ordered to Fort Brady, Michigan, for duty, relieving Captain William B. Davis, Assistant Surgeon. Captain Davis, on being thus relieved, will proceed to, and take station in New York City, for duty as Attending Surgeon and Examiner of Recruits, relieving Captain William H. Corbusier, Assistant Surgeon. Captain Corbusier, on being thus relieved, is ordered to Fort Monroe, Virginia, for duty at that post.

UNITED STATES NAVY.

For one Week ending September 14, 1895.

Surgeon J. L. Neilson detached from the United States Receiving Ship "Wabash" and to the United States Ship "Maine."

Passed Assistant Surgeon V. C. B. Means from Naval Hospital, New York, and to the United States Ship "Maine."

Assistant Surgeon T. W. Richards from the United States Receiving Ship "Minnesota" and to the United States Ship "Maine."

Surgeon D. O. Lewis from the United States Ship "Mohican" and to the United States Ship "Marion."

Passed Assistant Surgeon J. E. Page from the United States Ship "Philadelphia" and to the Mare Island Hospital.

Assistant Surgeon R. K. Smith from the United States Receiving Ship "Vermont" and to the United States Ship "Philadelphia."

Medical Director A. L. Gihon detached from the Naval Hospital, Washington, D. C., and placed on Retired List September 28.

Medical Inspector Geo. A. Bright detached from the Navy Yard, New York, and to Naval Hospital, Washington, D. C.

Surgeon B. F. Stephenson detached from the Marine Rendezvous, Boston, and to the United States Receiving Ship "Wabash."

Passed Assistant J. F. Urie ordered to the Marine Rendezvous, Boston, Mass.

Surgeon J. M. Steele detached from Marine Rendezvous, New York, and to the Torpedo Station, Newport.

Surgeon L. G. Heneberger ordered to Marine Rendezvous, New York, in addition to present duties.

Assistant Surgeon J. H. Moore detached from the United States Ship "Atlanta" and ordered to the United States Training Ship "Constellation."

Passed Assistant Surgeon Philip Leach ordered to the Naval Hospital, New York.

UNITED STATES MARINE SERVICE.

Sixteen days ending August 31, 1895.

B. W. Brown, Passed Assistant Surgeon, detailed as Recorder Board for physical examination of candidate Revenue Cutter Service, August 30, 1895.

E. K. Sprague detailed as Recorder Board for physical examination of Officer Revenue Cutter Service, August 22, 1895.

BOOK REVIEWS.

HAYEM & HARE'S PHYSICAL AND NATURAL THERAPEUTICS.—Physical and Natural Therapeutics. The Remedial Use of Heat, Electricity, Modifications of Atmospheric Pressure, Climates and Mineral Waters. By George Hayem, M. D., Professor of Clinical Medicine in the Faculty of Medicine of Paris. Edited with the assent of the author, by Hobart Amory Hare, M. D., Professor of Therapeutics in the Jefferson Medical College, Philadelphia. In one handsome octavo volume of 414 pages, with 113 engravings. Cloth, $3.00. Philadelphia: Lea Brothers & Co., Publishers, 1895.

The progressive American practitioner has long felt the need of such an aid as this vol-

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ume proves to be. Scattered about in the most fragmentary manner heretofore have been the observations upon the subjects which the author has here gathered into a concise and practical form. Every observant and thoughtful physician grows more and more into the belief that "for many diseases the most potent remedies lie outside the Materia Medica;" and that "physical agencies when compared with drugs are more direct and simple in their results." The section on Climate has been rewritten with the view of presenting more intelligibly the abundant resources of our own country; likewise the section on Medical Electricity. Another special feature of value to the busy practitioner is the Therapeutic Index, by means of which the therapeutic applications for any disease treated in the work may readily be referred to.

HARE'S TEXT-BOOK OF PRACTICAL THERAPEUTICS.— A Text-Book of Practical Therapeutics; With Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G. E. de Schweinitz, Edward Martin and Barton C. Hirst. New (fifth) edition, thoroughly revised. In one octavo volume of 740 pages. Cloth, $3.75; leather, $4.75. Philadelphia: Lea Brothers & Co., Publishers, 1895.

This is a most serviceable book and should be in the hands of every practitioner. Four editions of the publication have already been exhausted within four or five years and the present or fifth edition has been brought down to date through careful revision and the addition of new chapters and the discussion of the antitoxin treatment of diphtheria A more practical work will hardly be found. The contents are classified under four general divisions; part first being devoted to general therapeutical considerations; the second part to drugs, the third to remedial measures other than drugs, embracing foods for the sick, and the fourth part to diseases, symptoms, varieties, treatment, etc. The author's purpose is clearly indicated in his plan to bring the knowledge of remedial agents into close relation with a knowledge of disease. A most useful feature is the Therapeutical Index, in which all the remedies are listed under the headings of the several diseases.

CURRENT EDITORIAL COMMENT.

SCHOOL TEMPERANCE LAW.

Archives of Pediatrics.

IT is certainly irrational to endeavor to teach children who are learning their letters the physiological effects of alcohol — an element which disturbs stomach, liver, kidneys and nervous system. Physiology is properly a high-school study, and forty lessons a year by teachers more or less incompetent, to little children at their A, B, C's, would be ridiculous if it were not actually wrong.

ENTERIC FEVER.

The Philadelphia Polyclinic.

IN seventy-five cases out of one hundred of typhoid fever, the patients left to themselves, without interference on the part of physician or nurse, will get well. In seventy cases out of one hundred, typhoid fever patients will survive poor medication, provided they have good nursing; and in sixty-five cases out of one hundred, they will probably survive even bad medication and bad nursing.

BICYCLING.

American Medico-Surgical Bulletin.

WHILE the bicycle is no doubt doing a tremendous amount of good mentally, physically, and morally, it is a much abused exercise. . . . Women, as a rule, ride better than men; they sit better as to position, ride carefully and not too fast, and, as a rule, know when to stop. Women meet with comparatively few accidents, and are generally much benefited by the exercise. It has opened a new field for them which is of great promise.

FOOD FOR THOUGHT.

Medical Age.

ORTHODOX medicine for a half-century has sedulously ignored that wing of the profession known as Homeopathic; and yet the fact remains that to this body of practitioners medicine owes many debts, not the least of which are palatable therapeutics, and the administration of remedies for their continuous effects. Homeopathy has won many men of the highest standing to its ranks, and this truth cannot be downed by the cry of charlatanism. A natural query, then, arises as to whether more is hidden behind the title than appears on the surface. Is it possible homeopathy embodies a natural law in therapeutics that is entirely ignored by us of the more orthodox branch?

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NOTES.

NUCLEIN gives prompt and decided results in malarial fever.

*

A FIFTEEN grain dose of salicylic acid will frequently avert a threatening attack of hay fever.

*

WIDE dilatation of the bladder-neck is recommended by Bleynie in the treatment of cystalgia.

*

REPORTS are already becoming numerous as to the practical value, as an aid to the early diagnosis of carcinoma of the stomach, of the detection of lactic acid in the stomach contents, after the method advocated by Boas.

*

TINCTURE of iodine of double strength, or one drachm to the ounce of ninety-five per cent. alcohol, when thoroughly applied by means of a feather, or better, by a camel's hair pencil, to boils, etc., will relieve all pain and shorten the stages of suppuration more than one-half.

*

FOR all forms of nephritis, an ointment is recommended, consisting of vaseline three ounces, and nitrate of pilocarpine one and one-half grains. This ointment should be well rubbed into the skin for several weeks. If there is uremia this treatment is contra-indicated; otherwise, its employment gives marked relief at once.

*

WHEN inflammatory iridectomy is the only treatment to be considered, it should be done at the earliest possible moment. To relieve pain, dry heat or the brief application of cloths wrung out in very hot water will be found best, but operation alone will give complete rest.

PHARMACEUTICAL.

WE have examined with much interest the Seventeenth Edition Electro-Therapeutical Catalogue, published by the McIntosh Battery & Optical Company of Chicago. A catalogue is usually expected to be an advertisement pure and simple of the wares of the house which issues it, but the enterprising firm above referred to have evidently had in view two objects; first, to present the very best catalogue of batteries and electro-therapeutical specialties of any house in the world; second, to present in the form of well selected reprints some of the best thoughts of the most eminent electro-therapists. This catalogue ought to be in the hands of every physician. It is offered free to all who ask for it.

CELERINA is indicated in nervous dyspepsia, accompanied by severe headache, nausea, acute pain in the epigastrium, etc.

IT has been demonstrated by such German scientists as Bunge, Hamburger, Schmiedeberg and others that of the different preparations of iron only the organic form can be absorbed and assimilated in any appreciable quantity; that only organic compounds of iron are taken up and make hemoglobin. The only preparation of iron possessing these qualities is Gude's Pepto-Mangan, an organic solution of iron and manganese, as manufactured by Dr. A. Gude & Co., chemists, Leipzig, Germany, for which the M. J. Breitenbach Company of New York are sole agents for the United States and Canada.

DR. T. D. CROTHERS, editor of *Quarterly Journal of Inebriety*, published under the auspices of The American Association for the Study and Cure of Inebriates, and who is an authority on neurosis, writes in his last number as follows: Antikamnia and Quinine are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition. This combination is especially valuable in headache (hemicrania), and the neuralgias occurring in anemia patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition.

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OVER 1000 favorable reports have been received from physicians in hospital and general practice by Messrs. Reed & Carnrick of New York on the merits of Protonuclein. This preparation is regarded by some as possessing greater therapeutic value than any other product introduced to the profession during this century. In diphtheria, typhoid fever and tuberculosis it has power of exceptional value. The manufacturers are now sending out their clinical record of a hundred and fifty cases which they recently announced to the profession. This, with Professor Chittenden's analysis, will merit the attention of every progressive physician who receives a copy.

MELACHOL may be taken, without fear, in any dose from ten drops to ten drachms, only observing that enough water be taken with it to make it palatable. No single remedy has been as successful in relieving the headache and general distress that follows a night of dissipation. Gold, celery, damiana, phosphorous, and a number of other remedies, have been recommended as efficient in restoring lost vigor; among these, phosphorous in assimilable forms undoubtedly stands at the head. Melachol contains phosphorous in a combination which makes it readily acceptable, and to this it probably owes its remarkable power.—*National Board of Health Journal*, New York.

THE same satisfactory results following the use of Listerine in all sub-acute and chronic inflammations of the mucous membranes (whether urethral, vaginal, nasal or pharyngeal), is attended by its judicious employment upon the more sensitive surfaces of the eye and ear, and dilutions or combinations are best governed by the varied conditions, too many to be covered in this little work. The presence of pus and the succulent appearance of an abraded surface, with tendency to capillary hemorrhage, are certain indications for Listerine, which has been pronounced by an authority in the treatment of these affections, "A balsamic astringent without a rival." G. S. Hill, M. D., Wilmington, Ohio, says: As a prophylactic in epidemics of scarlatina, diphtheria and relapsing fevers, I have accomplished the highest results with Listerine, using it internally, externally and by hypodermic injection.

AMERICAN ACADEMY OF RAILWAY SURGEONS.

THE following titles for papers have already been received for the Second Annual Session of American Academy of Railway Surgeons, to be held in Chicago, Ill., September 25, 26 and 27, 1895: A Practical Way of Testing Railway Employes for Color Blindness, Dr. D. C. Bryant, Omaha, Neb. Railway Sanitation, Dr. W. M. Bullard, Wickes, Montana. Transportation of Injured Employes, Dr. F. H. Caldwell, Sanford, Fla. Traumatic Neurosis, Dr. Henry W. Coe, Portland, Ore. Concussion of the Brain, Dr. W. H. Elliott, Savannah, Ga. The Use of Gold Foil in Fractures of the Cranium and Resulting Hernia Cerebri, Dr. W. L. Estes, S. Bethlehem, Pa. Wounds that Open the Knee-Joint, Treatment, Dr. C. D. Evans, Columbus, Neb. Treatment of Wounds of the Face and Scalp, Dr. Chas. B. Fry, Mattoon, Ill. Sanitary Regulations Governing Railways, Dr. L. E. Lemen, Denver, Col. Injuries of the Hands and Fingers, Dr. John McLean, Pullman, Ill. How to Differentiate Between the Use of Heat and Cold in Railway Injuries, Dr. Wm. Mackie, Milwaukee, Wis. Intra-Venous Injection of Neutral Salt Solution in the Treatment of Desperate Injuries; Exhibition of Apparatus, Dr. C. B. Parker, Cleveland, Ohio.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—NO. 24. BALTIMORE, SEPTEMBER 28, 1895. WHOLE NO. 757

ORIGINAL ARTICLES.

A CASE OF PUERPERAL ECLAMPSIA AND PLACENTA PREVIA PARTIALIS.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., APRIL 16, 1895.

By W. Sinclair Bowen, M. D.,
Washington, D. C.

I PRESENT the history of a case of unusual interest to me, combining two of the most dread conditions with which one meets in obstetric practice. Mrs. B. W., aged 24, primipara, engaged me to attend her in her approaching confinement, due May 14, 1894, according to her statement of her last menstrual period. During the last trimester I paid her a weekly visit, procuring a specimen of urine each time for analysis, which was found to be normal. April 14, I was called to see Mrs. B., and found her seated in her bedroom apparently comfortable. She had summoned me at the request of her husband because of an accident which she related as follows: On the previous morning she lifted a large pitcher of water from the floor to the washstand and felt something give way; following this, a sudden flow of blood from vagina accompanied with some pelvic pain. She at once got into bed and remained there, but as both hemorrhage and pain ceased at once she felt no alarm and did not send for me until the evening of the following day. After hearing this history and as twenty-six hours had elapsed with no return of hemorrhage or pain, I attributed the hemorrhage to the strain. I directed that she should remain in her room one week and to send for me at once if hemorrhage or pain should recur. Four days later I was called and found Mrs. B. in bed, quite comfortable as before, but she had again passed some blood from vagina while lying quietly. I then suspected placenta previa and proceeded to make an examination. By abdominal palpation and auscultation, I found pelvis empty. Fetus presenting L. O. A., head movable above superior strait. By vaginal touch found pelvis roomy, cervix normal; os soft but not admitting index finger. The point that most attracted my attention was the difference in sensation imparted to examining finger by the uterus on right and left side of cervix. That on the right side was normal while the left was much more doughy, thicker, and more resistant. Although it was not possible to introduce my finger through the cervical canal and feel the interior of uterus for fear of bringing on premature labor, yet these three points: First, the repeated hemorrhage, second, a pelvis of normal size, yet empty in an eighth month primipara; third, the peculiar feel of one side of the lower segment of the uterus, made a very suggestive picture of placenta previa, but not a certain diagnosis. I instructed my patient to remain in bed and sent for the nurse, making preparations to determine labor if it became necessary.

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For a week, I paid a daily visit; no return of pain or hemorrhage. During this time I consulted a number of medical friends about the advisability of inducing labor, but all agreed that an expectant plan of treatment was best.

A week later, upon examination, I found the same state of things as narrated before, but as there was no return of hemorrhage I consented to the patient's request to sit up. She gradually moved about on one floor during the remainder of her pregnancy and all went well. She did not suffer with headache or other symptoms referable to her nervous system.

Early on the morning of May 31, two weeks later than her expected confinement, I was sent for with the message that Mrs. B. was having convulsions. I reached the house in half an hour and found her then in a strong convulsive seizure. Chloroform was administered by inhalation, and on digital examination os was found dilated and placenta extending across from left to right, being attached to the left side. The occiput was presenting at the brim but not engaged. The patient was brought across the bed in the usual position for forceps application, and chloroform continued. I introduced the left blade easily, but finding it so difficult to apply the right I withdrew the left, inserting the right first and then the left without difficulty. When occiput had been brought down into the pelvic canal I detected a prolapsed and pulseless funis.

As soon as the fetus was delivered I passed my right hand in, separating placenta, following down with my left, making some pressure upon fundis uteri.

Thus the labor was ended with not more blood lost than is usual in a perfectly normal case. The perineum was stitched with two silk-worm gut sutures, there being a small laceration; uterus and vagina thoroughly douched with 1-4000 bichloride and then with sterilized water. Perineal pad and abdominal binder applied, and patient made comfortable in bed. She remained in natural sleep for two hours and on awakening drank a glass of milk, complaining only of some headache.

The patient made a rather slow but uneventful recovery and at this time is perfectly well, with the exception of an occasional headache, about once in four weeks. For several months after labor these headaches were of nearly daily occurrence and sometimes very severe, but they have become less frequent and of diminished severity. Repeated urinary analysis, both chemical and microscopical, failed to detect any abnormal condition of the urine, which has always been of sufficient quantity.

This is the only case of puerperal eclampsia occurring in my private practice, although I have seen a number of pregnant cases with marked albuminuria with diminished urea excretion and with hyaline and granular casts. In some of these cases, at least, I believe convulsions were prevented by careful attention to hygiene, diet and medicinal treatment. I have seen several cases of puerperal eclampsia with medical friends, but quite a number in hospital where the cases would be brought in during convulsions, these patients having received no attention during pregnancy. In every case of puerperal eclampsia that I have seen (except the one herein reported) there has been albumen present, with or without other urinary complications.

After narrating somewhat in detail the history of this case, I would ask discussion on certain points.

First, can placenta previa be certainly diagnosed before os uteri will admit examining finger?

Second, were there sufficient indications in this case of placenta previa?

Third, was an expectant plan of treatment as pursued the best?

Fourth, the occurrence of placenta previa and puerperal convulsions at the same time.

Fifth, the occurrence of puerperal eclampsia without any urinary disturbance before or after, but followed by repeated headaches.

While the case presented resulted favorably so far as the mother was concerned, and the death of fetus was due to the prolapsed funis, I do not advocate an expectant line of treatment when

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the diagnosis of placenta previa has been made in the last month of pregnancy. The termination of labor by artificial means gives a far less mortality, maternal and fetal, than by risking both until labor comes on spontaneously. My hesitancy in following out in this case the treatment I recommend was due to the uncertainty of diagnosis prior to actual labor.

The case cited by Meigs I will give in his own language. Dr. Eberle of Philadelphia had under his care a lady in Market Street, whose residence was about two and a half squares from his own house. Dr. Ruan lived about a square and Dr. Dewers was distant three squares. After Dr. Eberle had made the diagnosis of placenta previa, the flooding having been suspended, he engaged the husband of the lady to send off three messages as soon as the attacks should come on again, hoping in this way to secure the prompt attention of at least one of the three physicians. Not long after this hemorrhage came on again and was so violent as to prove fatal before any medical aid could reach her.

INDUCTION OF PREMATURE LABOR IN RETINITIS ALBUMINURIA.— Mr. Simeon Snell writes in the *British Medical Journal:* The seriousness of the renal complication is increased by the sight failure, which is present in a certain number of cases. The association of retinitis with Bright's disease is indicative of a very limited period of life, frequently only months. With the albuminuria of pregnancy the retinitis is of less grave import in this respect, but, as far as vision is concerned, it is attended with very serious results. Dr. Culbertson has collected the cases of albuminuric retinitis which have been recorded, and finds that 23.33 per cent. have terminated in blindness, 58.25 have resulted in only partial recovery of sight, and but 18.54 have recovered sight. Silex, who has followed twenty-six patients for a long period, gave the following results: Eleven recovered vision above one-sixth, ten below this, and five were nearly blind, this being due to optic atrophy, choroido-retinitis and detached retina, which showed itself late in two cases.

The retinal affection may show itself at almost any period of pregnancy, and infrequently during the first three months. The appearances in the fundus are generally well pronounced. The margins of the optic disks may be hazy and ill-defined; numerous white patches in the macular region, with some hemorrhages, may all be observed. In other cases blindness or great impairment of sight may be present, with an absence of ophthalmoscopic signs. In a case recently, which Mr. Richard Favel kindly allowed me to examine, and in which labor was induced for eclampsia at term or nearly so, the young woman was apparently quite blind, but yet there was an absence of ophthalmoscopic signs. On the other hand, the gravity of the retinal affection, as shown by the changes in the fundus, is not always commensurate with the defective vision complained of by the patient, and for this reason it is desirable that pregnant women, with albumen in their urine, should at intervals undergo ophthalmoscopic examination. The gravity of the complication has been sufficiently dealt with.

It has frequently been found that when labor terminates, improvement in sight is apparent, and in this way the induction of abortion came to be advocated. Excellent results have followed its adoption. It has been called for occasionally in the author's own practice.

He concludes:

1. For retinitis, appearing before or about the sixth month, induction of labor should be recommended.

2. That when it shows itself only in the last few weeks it may often be unnecessary, but that each case must be judged by the severity of the affection.

3. That a case in which retinitis has shown itself in one pregnancy should be carefully watched both as to the presence of albumin in the urine and as to the eye-affection, and treatment adopted accordingly.

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HOW CAN A HIGHER STANDARD OF EXPERT MEDICAL TESTIMONY BE OBTAINED?

READ BEFORE THE ALLEGANY COUNTY MEDICAL SOCIETY, PITTSBURG.

By Samuel Ayres, M. D.

TAYLOR, in his Medical Jurisprudence, page 52, gives the following definition of an expert: "An expert is one who has made the subject upon which he gives his opinion a matter of particular study, practice or observation, and who must have particular and special knowledge upon the subject concerning which he testifies."

Of expert testimony he adds: "It is that testimony given by one expert and specially skilled in the subject to which it relates, or is applicable; concerning information beyond the range of ordinary observation." Now if the word medical be inserted in the above, we shall have a correct definition of what is understood by expert medical testimony.

Upon no one subject do I know of greater need of improvement or reform than upon this same one which it is my pleasant duty to present for discussion this evening.

We are all, as physicians, aware of the discredit, nay, the ridicule, which too often attaches to expert medical testimony in the courts. But we will not admit that this state of affairs is altogether our own fault. For example, in the domain of mental disorders there is such divergence in opinion between legal and medical responsibility, that it is no wonder the views and opinions of medical men are often set aside or denounced because they do not harmonize with antiquated legal interpretations.

But, nevertheless, there is good ground for the doubt and discredit that surround expert medical testimony. Since doctors proverbially disagree, so it has proved possible, apparently, in any case to obtain those so-called experts who will testify squarely against each other; and this is what has led the law and the laity to undervalue such testimony.

Taylor, above quoted, states on page 5 that "The trend of judicial thought in America and England is that the most opinions of medical experts are of little or no value in enlightening courts or juries as to the facts of the cases which are to be determined." Further on he adds, quoting a judicial deliverance: "Whether an individual is insane or not, is not always best solved by abstruse metaphysical speculation expressed in the technical language of medical science. The common sense, and, we may add, the natural instincts, of mankind reject the supposition that only experts can approximate certainty upon such a subject." How is this for a gentle fling at the medical profession? Moreover such exclusive and super-human power has never, I am sure, been claimed by medical experts.

But how shall the question here asked be answered?

It seems to me there are at least three methods, by any one of which a better standard of expert medical testimony might be obtained than at present prevails. Two of these will depend on the legal fraternity; the third on the medical.

Naturally, the first and highest object in obtaining expert testimony is that it shall be not only able and competent, but that it shall be absolutely unbiased and impartial.

In the first place, the selection by the court, or by some judicial authority, in every case requiring expert medical testimony of a commission of three competent physicians who shall be allowed every opportunity to examine the case or the evidence and who shall, after full consultation, render their opinion to the court, would, in my judgment, be a means of elevating the standard of such testimony.

Secondly, only such physicians as are

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well qualified from experience and knowledge in their special branch should be selected by lawyers or others to give expert testimony.

In the third place, it is a duty physicians owe their own consciences, the community, and the profession itself, that they do not consent to testify until they have thoroughly examined into the merits of the legal case, and then testify only in conformity with their convictions.

It is a shame and a disgrace that there are those who always see a case just as it is presented by the lawyer first engaging their services, and consequently testify just as he wishes. What wonder is it then that medical testimony of some character can always be gotten on any side of a case.

The course of medical men under these circumstances should be perfectly plain.

When first requested by an attorney or other persons to testify in a case, the physician should insist on having all the facts obtainable ; and the testimony of witnesses, if the trial has begun.

After sufficient time he should render an opinion to the party engaging him. If this opinion be favorable he is then ready to testify at court in his behalf. If it be adverse his connection with the case should end there, unless he be retained in an advisory capacity.

A matter of great difficulty should be mentioned here, and that is the imperfect and biased information which the physician is apt to get from the party employing him. This party is about to enter the trial from his point of view, be it prosecution or defense, and his opinion is naturally one-sided. The physician should take heed lest he be unconsciously influenced, and find himself, when on the witness stand, plainly on the wrong side.

Much tact and perseverance will be required to get a thoroughly reliable statement or examination on which to base a final opinion.

There are, of course, other means of elevating the standard of expert testimony, but these three ways occur to me as worthy of mention.

ANTITOXIC TREATMENT OF DIPHTHERIA.— At the meeting of the British Medical Association, Dr. Hermann Biggs, Bacteriologist to the Board of Health, New York, stated that he had had under his charge in New York between 400 and 500 cases which had been treated with antitoxin for diphtheria in their own homes. These had all been severe cases, and the mortality had been slightly over 16 per cent. The mortality for the whole of New York, he added, had been reduced by over 40 per cent. The speaker then proceeded to deal with the importance of antitoxin in preventing the spread of the disease by rendering those who were exposed to the infection immune. In one institution in New York there had been a large number of cases of diphtheria, 107 cases having occurred during the 108 days preceding the injection of the serum. The antitoxin was then injected, 200 units of Behring's preparation being used in each case. During the next thirty days only 1 very mild case occurred, in the following thirty days another case was reported, and shortly after 5 more patients were attacked ; 225 units were then injected, with the result that no more cases occurred. The same result was obtained in three other institutions, showing the extreme value of the immunizing power of the serum. Dr. Biggs considered that the protective period was a short one, probably not extending over thirty days, but within this time it was almost absolute.

The speaker then concluded by saying that in over 800 patients treated for the purpose of rendering them immune, he had in no case observed any unfavorable symptoms. In a few patients, rashes, apparently urticarial in nature, had occurred on the eighth day, and in some there had been a temporary rise of temperature, which, however, in no case had resisted treatment for more than twelve hours.

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CLINICAL LECTURE.

CARCINOMA UTERI.

CLINICAL LECTURE DELIVERED AT THE JEFFERSON HOSPITAL, APRIL 9, 1895.

By E. E. Montgomery, M. D.,
Professor of Clinical Gynecology in the Jefferson Medical College; Gynecologist to Jefferson and St. Joseph's Hospitals; President Alumni Association Jefferson Medical College.

GENTLEMEN :—I bring before you today a woman fifty-four years of age, whose mother died of tubercular, and father of Bright's disease. Her brothers and sisters are healthy. It is not an unfrequent occurrence to find in the members of a family that some have pulmonary, others Bright's and others, again, suffer from malignant diseases, such as epithelioma and carcinoma. Such an association is so frequent as to lead to the recognition that there is a vulnerable trait running through such families, making them susceptible to the development of such influences.

Our patient enjoyed, during her early life, good health. Puberty occurred at fourteen, the flow was regular and preceded by pain. The discharge was profuse, lasting three to five days. She has been married thirty-four years and had three pregnancies, in all of which she was delivered at full term. The last child was born twenty-four years since, the labors were normal and after the last child she was confined to bed for three weeks and for three weeks subsequently had profuse bleeding. After this, however, she enjoyed good health. About five years since, she ceased to menstruate for six months. The flow reappeared spontaneously, since which she has had a bloody discharge every three weeks. She has a slight pain and profuse leucorrhea, which is yellow and has quite an offensive odor. The uterus is retroflexed. This is not exactly the history we would consider as characteristic of malignant disease, but she is fifty-four years old and continues to have a bloody discharge every three weeks, a profuse, offensive leucorrhea, which certainly indicates that degenerative processes are present. A retroverted uterus would increase the tendency to inflammation of its lining membrane, and the congestion of the organ would favor the probability of discharge. It is possible the position of the uterus in this patient increases the tendency to congestion and the continuance of discharge. Upon examining the uterus with the speculum you notice a spongy appearance of the lip, an eversion of the cervical mucous membrane, with a spongy appearance of the surface that indicates a degenerative process.

Taking the history of the patient, the character of the discharge, the more or less pain and discomfort, I consider it the wiser plan to remove the uterus, believing it the inception of a disease which would very soon result in the breaking down of the uterus and development of a very serious condition. As the organ is drawn down, you see the peculiar condition upon the posterior lip which is very much like a cyst and undoubtedly contains cysts, and on closer investigation of the surface, the appearance leads me to believe that we have the beginning of malignant disease, consequently I prefer to remove it.

In performing the operation we expose the uterus, drawing it down with a tenaculum, to secure a good hold with the volsellum, then make an incision around the cervix, completely encircling the organ at such a distance from the os as will preclude the possibility of any diseased tissue remaining unremoved. In other words, going as far beyond the diseased tissue as possible without injury anteriorly to the bladder and ure-

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ters. So far as the posterior tissue is concerned, it would be rather difficult, and not pleasant to the operator, to open into the rectum. In every such operation it is important to have a good, strong volsellum, in order that in seizing the parts we make sure of securing tissue sufficiently firm that it will not tear out. After having cut through the tissues anteriorly, I am particular to make sure that the bladder is not in the way, so that it will not be opened as we proceed. It is pushed off from the anterior wall until we reach the peritoneum. It is sometimes difficult to accomplish this separation, owing to encroachment upon the uterine tissue in our effort to avoid the bladder, which, of course, increases the difficulty in the separation.

Having opened the peritoneum anteriorly, the dissection is made posteriorly until the peritoneum is again opened. The peritoneum is a little more difficult to reach anteriorly in this case on account of the retroversion, and we are a little more anxious about injuring the bladder and consequently have kept too closely within the uterine tissue. Having opened into the peritoneal cavity in front and examined carefully to ascertain the presence of disease in the broad ligaments, and finding none, I now open into Douglas pouch. You noticed there was quite a considerable serous discharge when I opened into the peritoneum, so much, indeed, as to lead me to believe I had opened the bladder, but the posterior incision disclosed an accumulation from the peritoneal cavity. I am endeavoring to pass my finger over the broad ligament and bring it down posteriorly, which I have now done. You can see how my finger passes directly around the broad ligament on either side. I have now passed in a clamp, one blade posteriorly and the other in front; bringing these together, they are screwed down upon the left broad ligament close to the uterus. The uterus is cut off flush with the clamp, as I feel certain there is no possibility of the ligament slipping.

Having cut through the broad ligament on one side, we have the uterus now free on that side and it can be drawn down outside, when the other clamp can be placed in position with much less difficulty. You can see the difficulty experienced from the size of the fundus of this uterus. The second clamp is applied outside and turned back, after the broad ligament cut through, but I find the clamp has caught against the anterior wall of the vagina, pushing it up and the end of the clamp can not be passed into the abdominal cavity without putting this tissue upon so great strain as to endanger it, so we will ligate the broad ligament outside the clamp in three parts, loosen the clamp and tie the ligatures and thus prevent hemorrhage. The vagina was small, the uterus large and consequently the application of the clamp rendered a difficult procedure. Having examined carefully and washed out the cavity to ensure there is no bleeding, we will pack with iodoform gauze, carrying the gauze over the end of the clamp. The clamp will be removed at the end of twenty-four hours, the gauze will be permitted to remain for seventy-two. The external surface is packed with gauze, which will be removed in order to empty the bladder.

This operation of vaginal hysterectomy by the application of clamps is generally a very easy and rapid one, although in this patient I carelessly applied the clamp in such a way that I could not return the end of it into the pelvis after the uterus had been removed, consequently had to ligate and remove it. This lengthened the operation some five, possibly ten, minutes. The operation of vaginal hysterectomy, in cases where the uterus is movable, easily brought down, and the vagina large, rendering the separation easily made, can be done in a very few minutes.

In a case with a small vagina and large uterus, the operation may be quite difficult. In such cases it is necessary to secure the broad ligament in sections either by ligation or by the use of forceps. If desirable to secure additional room, an incision may be made through the perineum, back to one side of the rectum, thus enabling us to considerably enlarge the outlet and come near

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to the tissues under consideration. An opening in this way may be secured large enough to introduce the hand. Where the uterus is quite large it is wise to consider the resort to abdominal operation.

If for any reason we desire not to open through the abdomen, it is well to remember we have another method of procedure. The shortest direction to the uterus is directly through the sacrum, and by doing a sacral resection we may reach and remove the uterus. This is a particularly proper procedure in cases where disease of the uterus is complicated by involvement of the rectum, where it is necessary to remove a portion of the latter. In one case in this clinic, we removed the uterus, tubes, ovaries, rectum, posterior wall of the vagina and the perineum. In making an incision for this purpose, the patient should lie upon the left side and a bow-shaped incision be extended from the left side of the sacro-iliac-synchondrosis across the median line, terminating alongside the anus. This incision lays bare the lower end of the coccyx. Dissecting off the tissues, we have the coccyx exposed. The latter may be removed and an incision made through the sacrum in two directions, cutting transversely or making an elliptical incision, leaving one side undisturbed. The objection to the transverse incision is that we remove the fourth and fifth sacral nerves on both sides. We may approach here to the third sacral foramina without any special injury to the pelvic viscera excepting those nerves that supply the buttocks and skin externally, the anterior branches that are sent to the bladder and vagina. If we leave one side and particularly the fourth sacral foramina untouched, it is sufficient to compensate for the loss of the opposite side. If both sides were injured, we might have incontinence of urine, cystitis and trouble with the bladder.

If upon removal of the sacrum we desire to operate upon the rectum, the entire rectum is drawn out. If the rectum is healthy, we would push it to one side and open into the peritoneal cavity, thus reaching the uterus. We are thus enabled to see the parts, ligate the broad ligaments, remove the ovaries and tubes, first upon one side, then the other, and cut away the uterus, seeing everything as the operation proceeds and thus avoid injury to the ureters. In fact, we know of no plan by which the uterus can be more thoroughly explored and removed under sight than by sacral resection. The objection to the operation is the extent of the incision, the more or less injury to the pelvic structures and the long convalescence, resulting from bone injury. I have done the operation five times with one death. The death occurred in a woman who was in this house, who had suffered from cancer of the rectum and for a number of weeks had had so much obstruction as to render it a constant discomfort. The posterior wall of the vagina was involved. The rectum and a good part of the vaginal wall were removed.

The patient died within forty-eight hours from renal insufficiency. This is the first death in five cases, and one of these, as has already been mentioned, constituted the removal of the uterus, ovaries, tubes, entire posterior wall of the vagina, five inches of the rectum, and the perineum. The rectum was stitched fast to the anterior wall of the vagina and to the skin over the sacrum, thus forming an artificial anus at the upper end of the vagina. Of the five cases operated upon, four have been done for disease of the rectum, in three of them making an artificial anus some three or four inches higher up, and in one, removal of the uterus.

In those cases in which the operation can be done with hope of removal of the diseased tissues, it is preferable to have the artificial anus posteriorly rather than in the inguinal region, for the reason that the patient will not have to assume an unnatural attitude to evacuate the bowels. She is better able to keep in place the dressing and to control the evacuations, to keep herself clean and consequently she also suffers much less inconvenience from the operation.

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SOCIETY REPORTS.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD AUGUST 13, 1895.

Dr. V. W. Harrison, First Vice-President, in the chair.

Dr. Landon B. Edwards read a paper on the DIAGNOSIS, SPECIAL AND DIFFERENTIAL, OF CHOLELITHIASIS. Stone may sometimes be formed in the liver itself. The position of the gall-bladder varies with that of the liver. It can be recognized by palpation. Cholelithiasis is rare in children under 12, becoming more frequent as age advances, and being more common over 30, and in women. It is comparatively frequent in the insane.

The characteristic symptoms suggesting gall-stone are: Multipara seized with a grinding pain radiating over the whole body. There is perspiration, retching, vomiting, dyspnea, pulse lessened in volume, expression of pain, no rise in temperature. The symptoms do not intermit, and pain is not relieved unless the stone passes. It lasts two or three days and leaves soreness. Ease is brought about through a form of pressure paralysis. Jaundice is not always present, but may occur gradually from occlusion. Mahogany urine may be present. The flow of bile being prevented, the skin becomes darker and darker, vomiting ceases to be bilious, stools become pasty and distension of the gall-bladder by mucus may occur, simulating floating or displaced kidney.

Cholelithiasis is diagnosed from malaria by the mild fever, scarcely jaundiced hue, chills, etc.

From catheterization the chills may become rigors, the fever rises, pulse slow, 40 to 50, irregular and not in keeping with the fever.

Fevers, especially malignant pancreatic, and pancreatic stone. Hemorrhage from the stomach, bowels, etc.; destruction of the common duct, damming of the fluid in the gall-bladder and ducts producing jaundice. Indigestion of fat is present in pancreatic troubles.

Empyema of the gall-bladder by the history of chills, fever, etc., with liver trouble.

Adhesion of the gall-bladder may so form as to cause discharge of bile into the duodenum direct, and there may be no suspicion of stone. Symptoms of typhoid and other fevers and of malignant and benignant tumors are simulated by stone. It is said that when the stone passes from the cystic to the common duct pain is lessened, and as soon as the passage occurs, mucus begins to be dammed into the body of the liver, causing its enlargement. This is diagnosed from hepatitis by less pain in the latter. Heredity may lead to differentiation of stone. It is seldom that repetitions of hepatic colic do not occur.

Operations for removal should not be performed unless the typical symptoms are present. Cases occur more frequently than is supposed, giving rise to symptoms elsewhere. There is no medical treatment efficient for the disintegration or removal of gall-stones. The indication is to relieve pain, and for this the best agent is, by far, hyoscyamine.

DISCUSSION.

Dr. Hugh H. Taylor quoted Robson, who lays stress on the characteristic suddenness of the paroxysmal pain. Vomiting may be continuous or paroxysmal. In some instances, pain is referred to the left shoulder; often, above the umbilicus, differing from that of appendicitis. Subsequent attacks may be from the same stone. The direction of growth of the tumor is diagnostic, being obliquely toward the umbilicus. It may be enormous sometimes, then being mistaken for ovarian tumor. Distension of the gall-bladder without jaundice means obstruction of the cystic duct, as by enlarged gland, stricture or stone. Sometimes a diagnosis may be made by the presence of stone in the feces. Hemorrhage, when present, is due to poisoning incident to cholemia. In this latter we have continuous jaundice, which means neoplasm of the duct, or head of the pancreas. Stone, by its change of position, etc., will allow the escape of some bile, jaundice accompanying it, being thus intermittent:

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The question of peritonitis is important. A stone near the papilla is a foreign body, and as such, it irritates and leads to the establishment of peritonitis, which may become purulent. Chills, fever, sweats, etc., occur here. Inflammation may result in perforation of the gall tract, setting up peritonitis thus. From malaria, differentiation is sometimes impossible. Dr. Taylor said he could recall cases in his own practice in which diagnosis was only made by the autopsy. Solvents are myths and the only medical indication is to relieve pain.

Dr. J. S. Wellford reported cases of cholelithiasis. Most cases, said he, of gout commence with violent pain, especially in the right hypochondriac region, and this should be borne in mind in diagnosing gall-stone and appendicitis.

MARK W. PEYSER, M. D.,
Secretary and Reporter.

MEDICAL PROGRESS.

DIRECTLY INFECTIOUS NATURE OF TYPHOID FEVER. — Dr. Jos. Priestley (*British Medical Journal*, August 31) says in 1892-4 there were in Leicester 634 cases of typhoid fever. Careful investigation negatived the idea of spread by milk or water. The number of pails to water closets in Leicester is as 1 to 2, whilst three times as many cases occurred in houses provided with pails. He explains this by specific infection of the pails, which then become the direct media of conveyance of the disease. The pails in Leicester are emptied once a week, but occasionally this rule is neglected. A case occurred when the period was prolonged to four weeks and the pail was overflowing. There were eleven inmates of the house all using the pail; of these, nine took sick during the months of March and April, 1895, with symptoms of typhoid fever, all except the first being notified as such. The ordinary channels in this case were wanting. The author had traced several similar groups of cases, viz.: Case 1, imported, gave rise to nine others. Case 2 gave rise to eleven others. Case 3 arose from drainage alterations in a neighboring street and gave rise to eight others, all in one street, and among inmates of houses supplied with pails; 30 per cent. of the pail and 6 per cent. of the water-closet houses in the one street became infected. Case 4 infected two others. Case 5 infected the mother, four daughters, a son and a neighbor, seven persons, all of whom assisted in nursing him. Case 6 probably infected eight members of the same family or friends nearby. He says that he could cite from his note-book many other cases that can only be explained in the same or in a similar manner; we must work along these lines as well as upon the well-recognized lines of water-borne infection.

* * *

LANCING CHILDREN'S GUMS.—So good an authority as J. Lewis Smith has recently spoken against the practice of lancing infants' gums. In a paper read before the New York County Medical Association (*Medical Record*) he said the belief still prevails to a wide extent that the cutting of teeth is a common cause, not only of painful gums and poor appetite, but also of enterocolitis and other serious maladies, which are often allowed to run along until beyond the skill of the physician. Our ancestors in the profession were to blame for the widespread impression that much disease is due to dentition, since at one time it was a common custom to incise the gums. As to lancing the gums, he thought one could get along as well without it. If the gums are red and irritated, there must be some other condition to account for the irritation. He did not think the physiological process of normal dentition was to be interfered with any more than any other physiological process.

* * *

TREATMENT OF THE GRAVEST FORMS OF CARDIAC DILATATION.—Sir Dyce Duckworth (*The Practitioner*, 1895, LIV, p. 193) says: In a large majority of cases venous engorgement, anasarca, nausea, gastro-enteric catarrh, etc., are coincident with and dependent on the

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dilatation of the cardiac cavities. Such patients are admitted into hospitals in extremis, too ill even for examination; a physiognomical diagnosis shows what is necessary to be done at once. The heart beats tumultuously, no murmurs can be detected, the two sounds closely resembling each other. We can almost certainly predicate mitral stenosis. The prime necessities are rest, adjusted pillows, warm bed and warmth to the feet. Large doses of spir. aetheris co. are exceedingly useful. Forty to one hundred minims may be given every three hours in an ounce of camphor or peppermint water. An excessive lividity of the surface or turgescence of the jugular veins demands venesection. The symptoms may be distinctly relieved by the removal of not less than six nor more than ten ounces of blood. In lieu of venesection one may place six or ten leeches over the precordia. Subsequent examination will reveal anasarca, swollen liver, etc. The tumultuous action of the heart having subsided, we may find dilatation, superadded to hypertrophy, with pericardial or pleuro-pericardial adhesions. In a few days we may find marked improvement in response to rest, careful diet, saline aperient (mist. sennæ co., 1 to 1½ oz., with tinct. jalapae, 1 dr.) with occasional doses of citrate of ammonium and potassium. It is wisest not to give digitalis during the tumultuous heart action. A feeble, irregularly acting heart, with a feeble fluttering pulse, demands digitalis. Ten to twelve minims of the tincture of digitalis, three or four times daily, will prolong the diastole and make the heart steady and regular; not infrequently a free flow of urine and a subsidence of the dropsy supervene. In many cases, after a return to the usual conditions of life, a relapse occurs. The same measures may again succeed, but often benefit is derived from restricting the amount of fluids in cases of dropsy (of cardiac origin) and a pill of two grains of bluepill with one each of powdered digitalis leaves and squill. Two or three ounces of brandy or gin in twenty-four hours, given in milk, are very useful. The hepatic engorgement is greatly relieved by the mercurial pill. Persistent dropsy occasionally requires puncture. Dyspnea and insomnia are best relieved by morphine. Paraldehyde is also useful. Constipation is best treated by drachm or half-drachm doses of compound jalap powder in milk. A diuretic drink is lemonade to which bitartrate of potassium, one drachm to the pint, is added. Easily digestible and nutritious diet should be given; tender mutton, meat, fowl and fish finely minced, milk, eggs, broths and custard pudding; cocoa and coffee, toast and rusks, potatoes well mashed, and spinach. In the majority of cases digitalis is the best drug. Strophanthin is useful when digitalis is not well borne. Caffeine in four- to five-grain doses, combined with strychnine, is valuable. In cases with an aortic reflex, digitalis must be guardedly used. The diastole may be prolonged too much for the left ventricle to bear. When the case is not under constant supervision, it is best to rely on strychnine.

* * *

"IT ALL GOES OFF IN THE BAKING."—The secrets of the baking trade, says the *British Medical Journal* of August 17, are manifold, and as one by one they are made public our faith in the pastry-cook is not enhanced. From the reports in the *St. James Gazette* of a case tried at the Lambeth police court it appears that damaged tinned milk is used up in the making of pastry. The inspector, finding the milk in a very decomposed state, asked the defendant whether he thought the milk was fit for use. The defendant thereupon took up a piece of pastry for the witness to smell, and exclaimed, "Oh! it all goes off in the baking." This is purification by fire with a vengeance. We have long known that curiously stale eggs were used by pastry cooks; lately, in fact, the practice has sprung up of importing from abroad contents of eggs instead of the eggs themselves, the whites and yolks all mixed together being sent over in closed canisters. It is easy to imagine the mustiness of this egg mixture by the time it reaches its destination in

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the kitchen. We suppose, however, it also "all goes off in the baking." At any rate, in regard to milk such seems to be the expert opinion, for the pastry-cook, in answer to the magistrate, is reported to have said that "a little bad milk would bake out," while his foreman stated that, "In the event of one tin being slightly 'blown,' it would bake out;" to which Mr. De Rutzen made the obvious comment, "Then of course you would'nt mind putting it in?" In the end each defendant was fined £10 and costs, which from the consumer's point of view is satisfactory.

* * *

LESIONS OF THE FEMALE GENITALIA PRODUCED DURING COITUS.—Y. Lvow (*American Journal of Obstetrics*) says: This subject is of importance from a medico-legal as well as a gynecological standpoint. The hymen may remain intact after coitus either because the male organ has not penetrated the vagina, or when the solidity of the hymen or narrowness of the vagina from imperfect development prevents intromission, or in cases which present a very elastic hymen with a large opening. Usually, during the first union this organ is ruptured by a single blow, the line of tear being single, double, or radiating from the opening; more rarely the hymen is torn away at its attached margin and remains hanging by one side. In violent intercourse, especially when the hymen is annular and thick, the tear may extend into the vaginal wall. The hymen is not merely a fold of mucous membrane, but contains muscular tissue and may be well supplied with blood-vessels. As a rule the hemorrhage following its rupture is slight and soon ceases; if serious the bleeding vessels should be tied; if parenchymatous a tampon is effectual. The tear usually heals in two or three days, but acute inflammation may arise from infection of the wound or too frequent coitus.

Laceration may occur in the region between the clitoris and the meatus urinarius, or severe hemorrhage may be caused by rupture of the turgid blood-vessels of the neck of the uterus. Improper formation of the hymen, malposition or diminutive size of the genital opening, and abnormal position or violence during coition may lead to recto-vaginal fistula.

The author believes that vesico-vaginal fistula due to coitus is almost an anatomical impossibility, even in a short vagina, as the penis never enters entirely when in the natural position. A distended bladder might be thought to aid in the production of such a fistula, but it presses the uterus backward and upward, thus lengthening the vagina and stretching its anterior arch, and the only possibility is the detachment of the anterior fornix from the uterus. Lesions of the upper part of the vagina do not occur if it is healthy and of normal elasticity and extensibility, despite the relative size of the male and female organs and the violence of intercourse, except occasionally when in an unnatural position. In the author's two cases the pathological condition was furnished in one by atrophy associated with the climacteric, in the other by chronic atrophic parametritis.

Intercourse by the urethra occurs only in cases of atresia hymenalis when it is *locus minoris resistentiae*. Usually in this case the urethra is slowly dilated by persistent efforts, but rapid dilatation may result in its rupture.

* * *

RECENT PROGRESS IN CEREBRAL SURGERY.—Von Bergmann says (*Journal of Nervous and Mental Diseases*, August, 1895) owing especially to the difficulty or impossibility of diagnosis in many cases, the field will always be limited. In tumors operation is practicable only in 29 per cent. and three-fourths of these cannot be operated on because of impossible diagnosis. Considerable advance has been made by the introduction of extensive osteo-plastic resections of the skull, which render possible the extirpation of large tumors. Nothing is of more importance than speed and this could be obtained by the use of a circular saw set in extremely rapid motion by a small electric motor. With this a large bone flap may be sawed out in a

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few moments, the operation being completed by means of a sharp chisel, to avoid injuring the dura mater. Operations for epilepsy have succeeded only in lesions of the cortical motor centers. It is necessary to be cautious in drawing conclusions from results, as cases of temporary recovery from simple trephining or excision of a cicatrix of the scalp are frequent. He has seen attacks cease during healing after amputation. It is impossible to approve of operations of extirpating portions of apparently healthy cortex which are considered to be the starting point of epileptic seizures. Extirpation is only justified where a distinct lesion—an abscess for example—is found. Great success has been obtained in abscess, and surgeons have even attacked thrombosis of the sinuses and suppurating leptomeningitis. The diagnosis is often impossible. The most frequent cause of abscess is suppurating otitis media and in one-fourth of cases thus produced, the otitis arises from a cholesteatoma of the middle ear. Developing thus, by continuity, abscesses are either intra- or extra-dural, or in the cerebral substance, most frequently in the temporal lobe. They are comparatively accessible and, as a rule, located above the tympanum. To reach them he prefers this method to trephining: resecting a quadrangular portion of the wall of the skull, immediately above the external aud. meatus. A cutaneo-musculo periosteal flap, left adherent at its upper part, is made by three incisions, one horizontal, beginning above the zygoma and ending behind the mastoid process, the others vertical and perpendicular to the former, one in front of the tragus, the other behind the mastoid process, both being carried upward to a height of about four centimeters. Removal of the bone beneath this flap gives unobstructed access to the interior of the skull and greatly facilitates the task of the operator.

In thrombosis of the sinuses surgery has given unexpected results. The object is to reach the transverse sinus, the one usually involved, through the mastoid process, being situated beneath the middle portion of the latter. The operation consists in incision of the sinus after exploratory puncture, evacuation of the clots, disinfection and plugging, and lastly ligature of the internal jugular vein. Of thirteen cases six recovered; death is generally due to pyemia or suppurating leptomeningitis. Quincke has attempted to relieve intracranial pressure by tapping the lumbar cord in basilar meningitis. Some improvement of short duration only has been obtained. Death has not been averted but it has proved useful as a diagnostic measure because if bacteriological examination of the fluid withdrawn show the tubercle bacillus the meningitis is tubercular.

* * *

DISINFECTION OF TUBERCLE-INFECTED HOUSES. — The experiments of Mr. Sheridan Delépine and Dr. Arthur Ransome (*British Medical Journal*) led to the following conclusions:

The disinfection of rooms which have been contaminated with tuberculous products cannot be obtained by means of the fumigation methods, such as are generally used at present. Sulphurous acid, chlorine, and euchlorine, as used under supervision by experienced municipal disinfectors, have proved practically useless.

The only other method of disinfection which seemed to promise more satisfactory results was the direct application of a solution of chlorinated lime to the walls to be disinfected. This method has given so far satisfactory results, but is attended with discomfort on the part of those who have to carry out the disinfection.

Light is, in the case of the tubercle bacilli, as it has been proved by several observers to be in the case of other organisms, the most important natural disinfecting agent.

Simple drying was shown to be in itself enongh to reduce and ultimately entirely destroy the virulence of tuberculous products. Mere ventilation in the dark suffices only to diminsh and not to destroy the power of the microbe.

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Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, SEPTEMBER 28, 1895.

Daniel Drake.

PROFESSOR PEPPER of Philadelphia takes this as the subject of his scholarly and interesting address delivered before the Mississippi Valley Medical Association at Detroit, on September 4. Daniel Drake was a distinguished western physician who emigrated in 1788, when a child, from New Jersey to Kentucky, and subsequently became one of the most noted men of that section. Yet few physicians of this day know him even by name. Let us see what manner of man he was and what he achieved.

His youth was passed amidst the toils and hardships and dangers of the frontier and at fifteen he was sent to study medicine under Dr. Goforth, in Cincinnati, then a village of 500 inhabitants. He manifested so much ability that he was admitted to partnership with his preceptor after four years. Without a diploma and without even having listened to a lecture, he now engaged in practice. In a year he had scraped together enough money to enable him to go to Philadelphia and attend a course of lectures at the University of Pennsylvania. Not until eleven years later did he again visit Philadelphia to receive his diploma at a special commencement held purposely for him more than a month after the regular commencement. At the age of 31 he received his first call to a professorship at Lexington, Kentucky, and altogether he had no less than thirteen calls to professional chairs and he actually occupied nine separate chairs in five distinct institutions. These were Transylvania University, at Lexington, Kentucky, the Medical College of Ohio, of which he was the founder in 1819, Jefferson Medical College at Philadelphia, Cincinnati College, which he organized in 1835, and the Medical Institute in Louisville, Kentucky. "In all" says Professor Pepper, "he strove earnestly for the adoption of a higher standard and for stricter methods. He promptly sacrificed his personal feelings and interests so soon as it appeared that the conditions were not favorable to honest and thorough education." In 1822 he founded the first medical journal in the West. He died in Cincinnati in 1852.

Dr. Pepper possesses peculiar qualifications to estimate the character and abilities of Dr. Drake, having long been a student of his works and having read all that he ever wrote for publication and nearly all of the many publications concerning him which appeared after his death.

His character was lofty and attractive. He was naturally gifted with rare charms of style and the power of expressing in pure and brilliant language the lofty ideals, the clear thought, the graceful fancies of his ardent nature and powerful mind. Nature spoke to him as to a favorite son and opened his eyes to her infinite charms and inspired him with a love for herself which never lost its ardor. It was this which sustained him through a long life, into which were crowded far more than an usual number of severe trials and disappointments, and kept his spirit to the end as fresh and buoyant and enthusiastic as a boy's. His character is known to us with a rare fulness and yet there does not appear in it a single vice. He was ambitious, but his aims were never selfish or personal. His proper self-respect was untainted with vanity. His desire for office was to secure larger op-

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portunities for public service. Money had no attraction for him save to promote scientific investigation and to discharge his obligagations. Gross spoke of him as one equally eminent as a patriot, a philanthropist and a medical author, and as the most forcible and eloquent medical teacher he had ever listened to. The Free Library in Cincinnati, the Cincinnati College and the Museum of Science and Art were largely his creations. He labored hard for them, secured grants for them and personally solicited funds for their endowment and support.

We have to pass over his other writings and we can only briefly refer to the "colossal work" in two large volumes ("Diseases of the Interior Valley of North America"), to which he devoted the greater part of his life. From his earliest years the future importance of the great Mississippi Valley impressed itself upon him. He mastered its botany, meteorology, geology and archeology. He personally explored the entire region, traveling 30,000 miles in doing so. He instituted the first collective investigation known. It was over thirty years after its announcement before the first volume appeared and the second was not published until two years after his death. Dr. Pepper analyzes thoroughly this work, and shows in how many respects Drake was ahead of his times. As early as 1832 he had arrived at the belief in the microbic nature of malaria, yellow fever and typhoid fever. He anticipated Woodward in his attempt to establish a distinct "typho-malarial" fever. He denounced the excessive use of the lancet and calomel, then almost universal. He urged the external use of cold water to reduce temperature in fevers, and advocated an expectant plan with scrupulous attention to hygienic details. He entertained natural and judicious views on the subject of phthisis and the relation between its frequency and ill-drained soil and damp and poorly ventilated buildings was clear to him, also its infectiousness and its amenability to climatic treatment. He insisted that medical education should be placed under the supervision of the law. He recognzied the supreme importance of hygiene, both in preventive and remedial medicine, more clearly than anyone of his time. He held aloft the standard of scientific truth and professional dignity under the most difficult conditions. Everywhere is manifest the accurate observer, the clear-headed thinker, the practical man who cannot be led by mere authority and who will not lapse into routine. "The accumulation of facts is simply prodigious, the style is clear and admirably adapted, while the obvious sincerity of purpose and the philosophical breadth of view impress you with a sense of the permanent value of the work." We trust we have said enough to show that Drake was one of the great men of our country and that his name should be honored, not only in the valley where he labored, but throughout the land.

* * *

The Diphtheria Antitoxin.

AN interesting discussion was held in the Section of Medicine of the British Medical Association at the recent meeting on this subject. The question is how far the undoubted controlling influence of antitoxin upon the lower animals can be realized in the human being in the treatment of the actually existing disease, diphtheria. Not all the evidence was favorable. Goodall, dealing only with cases in which a bacteriological examination had been made, found it valuable especially in cases which were subjected to tracheotomy; but it did not diminish the frequency of albuminuria, anuria and paralysis. Von Ranke's German experience was to the same purport, laryngeal obstruction being much less serious under it. Baginsky of Berlin had reduced his hospital mortality from 41 per cent. to 15 per cent. Biggs of New York brought forward statistics to show its prophylactic effects in children who have already been exposed or who cannot be removed beyond the influence of the infection. On the other hand, Lennox Browne has witnessed little if any improvement. It was suggested in explanation of this discrepancy of results that it might be due to a difference in the mode of preparation or the dose used, the greater experience of the continental physicians giving them confidence to use the remedy more freely.

Experience teaches us to be very cautious in accepting the first reports of new therapeutic agents and we cannot yet be said to have reached the point when we can feel secure regarding the value of antitoxin. The prudent physician will be content still to "labor and to wait," carefully watching results and endeavoring to obtain the true estimate of its value.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 21, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		8
Phthisis Pulmonalis		16
Measles	3	
Whooping Cough	1	2
Pseudo-membranous Croup and Diphtheria.	9	6
Mumps		
Scarlet fever	11	1
Varioloid		
Varicella		
Typhoid fever	13	4

The widow of Professor Huxley will receive a pension of $1000 annually.

Dr. Emma Johnston Lucas has been appointed Health Commissioner of Peoria, Illinois.

Professor Shute has been made Dean of the Medical Department of Columbia University, in Washington.

Illinois is about to try the experiment of an industrial colony for epileptics on the plan of the Craig Colony of New York.

The Board of Trustees of Barnes Medical College, St. Louis, will commence the erection of a new building this month.

Dr. L. Galassi, Dean of the Medical Faculty of Rome and Professor of Special Pathology, died August 31, after a long and painful cardiac illness.

The New York Post-Graduate Medical School and Hospital has received a bequest of $5000 from a gentlemen whose wife was interested in the charitable work of the institution.

Dr. Lusk's Midwifery is to receive the exceptional honor of an official translation into Arabic for the use of the medical students and midwives of the School of Medicine at Cairo, Egypt.

Thomas H. Chandler, M. D., D. M. D., Deau of the Harvard Dental School and Professor of Mechanical Dentistry there, died August 27. He had held the office of Dean for 21 years.

The Syracuse University of New York is to have a new building erected for its medical school. This school was the third, in 1872, to adopt the three-year graded course and lengthened term.

Prof. Wm. H. Porter of the New York Post-Graduate Medical School pronounces the much-vaunted nuclein a total failure. He says there is no evidence in its favor except the bold assertions of its advocates.

Dr. Richard Dey of Romulous, N. Y., lies in a critical condition as the result of an attack by a lunatic into whose sanity he was enquiring. The man suddenly became violent, seized a stone and struck him a blow on the head, felling him and producing concussion of the brain.

It is said that the favorite book of the inmates of Portland Prison is Buchan's Domestic Medicine, and the reason why they want it is to study the description of the symptoms of illness that they may know how successfully to sham disease, for a successful malingerer is relieved of his tasks and obtains the coveted idle time while on sick-leave.

1392 cases were treated at the Institut Pasteur in 1894, of whom 12 died of hydrophobia; 5 of the fatal cases showed symptoms within a fortnight of the last inoculation and 3 developed under treatment. Excluding these there were 7 deaths, or 0.50 per cent. During the 8 preceding years the mortality varied from 0.22 per cent. in 1892, to 0.95 per cent. in 1886.

Dr. J. C. Hearne, a prominent physician of Northeast Missouri, formerly Secretary of the State Board of Health, and his wife were indicted August 18, by the Grand Jury at Hannibal, Missouri, for the murder of Mr. Amos J. Stillwell several years ago. Mrs. Hearne was the wife of Mr. Stillwell, who was murdered by a blow from an ax at the dead hour of night.

The Homeopaths of the United States will erect a statue of Hahnemann in Washington. It will cost $50,000; of this, $29,000 has been already subscribed and the site is being selected. For the Rush monument, also to cost $50,000, less than one-tenth has been collected and the committee point to the above as a motive for more liberal contributions, which may be sent to Dr. Rohé, Secretary, of Catonsville, Md.

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PUBLIC SERVICE.

UNITED STATES ARMY.

Week ending September 23, 1895.

Major Clarence Ewen, Surgeon, now on sick leave of absence, is relieved from further duty at Fort Walla Walla, Washington, and ordered to Fort Bliss, Texas, for duty, relieving Major Blair D. Taylor, Surgeon.

Major Taylor, on being thus relieved, is ordered to Fort McPherson, Georgia, for duty at that post.

The following named officers are detailed to represent the Medical Department of the Army as delegates at the annual meeting of the American Public Health Association to be held at Denver, Colorado, October 1 to 4, 1895: Lieutenant Colonel Alfred A. Woodhull, Deputy Surgeon General; Major Calvin De Witt, Surgeon; Major Henry S. Turrill, Surgeon.

Leave of absence for one month, to take effect on or about October 6, 1895, is granted First Lieutenant Paul F. Straub, Assistant Surgeon, San Carlos, Arizona.

BOOK REVIEWS.

PRACTICAL DIETETICS; with Special Reference to Diet in Disease. By W. Gilman Thompson, M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine in the University of the City of New York; Visiting Physician to the Presbyterian and Bellevue Hospitals, New York. Large Octavo, Eight Hundred Pages, Illustrated. Price, Cloth, $5.00; Sheep, $6.00. Sold by Subscription only. New York: D. Appleton & Co.

The subject is one which does not receive proper attention either in medical colleges or in the standard works upon the Theory and Practice of Medicine; the directions given in the latter being of a very general and vague character, and in the former it is dismissed in one or two lectures. In hospitals and in the training of nurses too little attention is paid to the subject, while in works on food and dietetics the practical application of dietetics to disease receives but slight notice. This work is intended to remedy these shortcomings and to furnish to the practitioner a text-book containing instructions as to the appropriate diet in diseases which are influenced by right feeding.

Beginning with the elementary composition of foods, the author next classifies them, and takes up in succession force production and energy; the force-producing value of the different classes; stimulating foods; their economic value; a comparison of the nutritive properties of animal and vegetable foods, and vegetarianism. The classes of foods are next considered, including water, salts, animal and vegetable foods, fats and oils. The author considers the general relations of food to special diseases; those that are caused by dietetic errors and the administration of food for the sick, giving the necessary rules as to method, time, etc. The work abounds in analytical tables giving the percentages of ingredients in the various animal and vegetable foods; standards for daily dietaries as influenced by age and occupation; the energy developed by a given quantity of certain foods, etc. The feeding of pregnant women, nursing mothers, infants and young children constitute a very important part of the work, and an appendix contains receipts for invalid food and beverages suitable for fevers and convalescence from acute illness. It is a book which will be found to be of great assistance to the practitioner in the dietetic treatment of diseases that are influenced by proper feeding, invaluable to the trained nurse in hospital and private nursing, and of inestimable service as a guide in the administration of proper food to infants and invalids in the home.

THE HISTORY OF PROSTITUTION: Its Extent, Causes and Effects Throughout the World, By William W. Sanger, M. D., Resident Physician Blackwell's Island, New York City; Member of the American Association for the Advancement of Science, etc. New York: The American Medical Press. 1895. Pp. 709. Cloth $4.00; full leather $5.00.

This volume is the result of a seven years' study on the part of its author, whose observations and researches were made both in this country and abroad. The numerous editorial notes and Appendix being the investigations down to the present date. No one can judge of the vast amount of instructive matter thus collected without a careful examination of the contents. The noble purpose which inspired the preparation of this volume should elicit for it a deep interest on the part of the law-maker, the physician and the humanitarian. Truly, "A vice which has been co-existent with the human race, which has preyed upon the morals as well the health of all peoples in all ages, which in the past has defied the edicts of despotism no less than at present it defies the mandate of repressive legislation — such a vice should not in any spirit of prudery be put aside as unfit for public consideration."

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CURRENT EDITORIAL COMMENT.

CHOLERA PREVENTION.

Journal American Medical Association.

WE must repeat our lesson of a few weeks since; we may not be able to shut out cholera from our shores by quarantine; but we can and should make our environment so wholesome and cleanly as that it shall be fatal to the cholera germ as well as to the germs of all other filth diseases. And in this connection it is well to remind sanitary and civic authorities that wherever typhoid fever exists and flourishes, there also may Asiatic cholera exist and flourish.

ERRORS OF AMBULANCE SURGEONS.

The Atlantic Medical Weekly.

IT is unfortunately true that there have been reported numerous instances where ambulance surgeons have erred in their diagnosis of alcoholic coma and patients have been refused admittance to hospitals, or have been sent to the police cell as a case of drunkenness, who were suffering from a much more serious disorder. . . . While in most instances the error is one of ignorance and the ambulance surgeon thinks he is doing right, there is fault to be found with any institution which delegates to a young and inexperienced interne the power of rejecting a case of coma as unsuitable for admission to the hospital without consultation with men of more experience.

PATENT MEDICINES.

Bulletin of Pharmacy.

THE truth is that no druggist is any longer prompted by either principle or policy to encourage the demand for patent medicines. On principle the drug trade despise and condemn the great majority of nostrums because of the exaggerations, downright falsehoods and sensationalism, by dint of which they are exploited among the ignorant and credulous, as also on account of their injury to public health. As a matter of selfish policy the retail drug trade are opposed to patent medicines, since their sale has been stripped of all profit by the "cutter." The nostrums now sold by the druggist are sold under supposed compulsion; there is no profit in the traffic, but the public look to the druggist for supplies and he thinks he must perforce fill the demand.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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NOTES.

DR. CASSATT finds that a couple of ounces of yeast at meal times are very useful in diabetes.

*

IN cases of shock, Professor Hare says that twenty drops of the tincture of digitalis should be given hypodermically, and repeated in an hour if the pulse does not show its influence.

*

IN Dr. Cantrell's experience, ichthyol applied early to a carbuncle in process of formation will often greatly modify the process and sometimes prevent the further extension of the lesion.

*

PROFESSOR HARE says the best treatment for vomiting occurring in remittent fever is the administering of small doses of morphine or three to five drops of spirits of chloroform in half a drachm of cherry laurel water.

*

GEORGE COHEN, M. B., in the *Lancet*, thinks he has discovered a way of preventing the catarrh consequent on the use of iodide of potassium. It is by the addition of 5 minims of tincture belladonna to each dose, the object being to reduce salivary secretion, which sets free the iodine.

*

DR. POLAKOFF recommends bromide of lithium in Bright's disease, acute and chronic. Employing it in 22 cases he found it a certain and powerful diuretic. He used it thus: two parts bromide of lithium and four parts of bicarbonate of soda in 240 parts of distilled water flavored with peppermint; 3 or 4 tablespoonfuls of this a day.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 25. BALTIMORE, OCTOBER 5, 1895. WHOLE No. 758

ORIGINAL ARTICLES.

REMARKS ON THE SURGICAL TREATMENT OF CHOLELITHIASIS.

DELIVERED BEFORE RICHMOND ACADEMY OF MEDICINE AND SURGERY, AUGUST 29, 1895.

By Hugh M. Taylor, M. D.,

Professor of Practice of Surgery in University College of Medicine, Surgeon to Virginia Hospital, etc., Richmond, Va.

THE surgery of the gall-tract is perhaps claiming a professional interest second only to that accorded to appendicitis. The one morbid condition is as essentially surgical as the other, and both are equally responsible for ill-health and death. The evolution of the subject of appendicitis received an impetus earlier. It followed close upon the concentration of thought on the pelvic phlegmons, but in view of its importance gall-tract surgery is receiving its merited share of attention. Few of us can review our professional work and not be conscious of having treated operable cases of cholelithiasis and its consequences unrecognized as such. The credit of increasing our diagnostic acumen in this field belongs, in a great measure, to the surgical clinic. In the medical clinic, percussion, palpation, etc., revealed but little tangible information. In the surgical clinic, on the other hand, the exploratory incision revealed the correct anatomico-pathological condition, associated the symptoms manifested with the morbid conditions found and it is now defining on logical lines the limitations and technique of operative interference for the relief of the various products of cholelithiasis. The evolution of the subject has been rapid. Within the past ten or twelve years all the marked advance in its study has been made and while already yet in its infancy, the field of operative procedure has been immensely widened and many of its morbid conditions have been brought within the scope of legitimate conservative surgery, with untold benefit to mankind. Viewed in the light of recent knowledge, we appreciate the fact that few of us have failed to treat as gastralgia, indigestion, diaphragmatic pleurisy, enlargement of the liver, malarial fever, bilious fever, etc., cases which should have been diagnosed and treated as cholelithiasis and its consequences. In my own early professional work I can recall at least a half dozen clearly operable cases which were allowed to go from bad to worse and die without operative aid. Enough has been ascertained to prove that the so-called medical treatment offers but a small chance of benefiting the condition of impacted gall-stone or stones and certainly no possible chance of curing a cholangitis or empyema or cystitis of the gall-bladder. Experience shows that the solution of gall-stones by medication is a myth, and that whenever they have attained to any size, or are present in considerable numbers and are producing

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symptoms, they can only be rationally treated by operation. Moreover, it is true that a laparotomy *per se* for the relief of such conditions is attended with less shock and danger than is a laparotomy for other intra-peritoneal troubles, as there will usually be very much less evisceration. This much in connection with the subject of cholelithiasis is practically settled. The unsettled problem is to classify the various morbid conditions; to differentiate clinically between them prior to an exploratory incision and to apply to their relief the most rational available surgical procedure. In this we have a field for experimental pioneer work, the cultivation of which offers rich reward.

What are the morbid conditions calling for surgical interference? By almost unanimity of opinion, and specifically, according to an enumeration of Professor W. Mayo Robson, operative interference is indicated and the earlier the better—

(*a*) "In cases of repeated attacks of biliary colic, apparently due to gall-stones, which, not yielding to medical treatment, are wearing out the patient's strength.

(*b*) In perforation from ulceration.

(*c*) When there is suppuration in the neighborhood of the gall-bladder set up by gall-stones.

(*d*) In empyema of the gall-bladder, which is usually accompanied by peritonitis.

(*e*) In dropsy of the gall-bladder.

(*f*) In obstructive jaundice, when there is reason to think that the common duct is occluded by gall-stones."

The study of the subject of cholelithiasis and its consequences will be facilitated if we keep in mind the fact that the gall-tract is a drain tract, through which the bile from the liver and the mucus from the gall-bladder must pass unobstructed, to ensure good health. Obstruction means the damming back of the outflowing products, dilatation of the ducts or gall-bladder, irritation of the tracts, suppuration in the tracts, extension of the inflammation to the peritoneal investment of the tracts, adhesions and matting around the inflamed tube and a pathological condition analogous to inflammation in the Fallopian tubes and vermiform appendix. While a catarrhal cholangitis, the inflammation limited to the mucous lining of the tubes, may be possible, usually all the coats (the peritoneal included) are involved.

We should also keep well in mind that while an obstruction in the cystic duct dams back the secretions of the gall-bladder only, an obstruction in the common duct dams back the bile from the liver as well as the mucus from the gall-bladder. Obstruction of the cystic induces dropsy of the gall-bladder, empyema, chronic cystitis, inflammation of its coats, including the peritoneal investment, perforation or gangrene, and the local and constitutional symptoms incident to such morbid conditions.

Obstruction in the common duct induces inflammation of the duct, extension of that inflammation to the peritoneal investment, local peritonitis, adhesions and perhaps ulceration and perforation, dilatation of the duct, decomposition of the retained products within the duct, and systemic poison as a consequence. From the irritation alone reflex disturbances are not infrequent, while the chills, fever, sweats, etc., make a septic cholangitis, simulate so closely malarial, bilious and other febrile manifestations. There is no jaundice in cystic duct obstruction. Varying jaundice in common duct obstruction from stone, persistent, unvarying jaundice in obstruction from neoplasms, benign or malignant, pressing on the tube, is the rule.

Obstruction of the common duct, from whatever cause, if persistent enough, dams back the bile, induces cholemia and its consequences; not the least serious of which is its effects upon the blood.

We should remember that stones in the gall-bladder do not necessarily give rise to trouble. It is estimated that ten per cent. of adult males, twenty-five per cent. of adult females, and thirty-six per cent. of the insane have gall-stones, and only from one to two per cent. have symptoms of the same. While this es-

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timate of cases giving trouble is too small it helps to sustain the well known fact that many gall-bladders are full of stones which are doing no harm, but then again they may give trouble by irritation, accumulation, infection and inflammatory changes, often of an intense type. Each attack of inflammation of the gall-bladder due to stones therein, and with no obstruction, causes more or less thickening of its walls and subsequent contraction of the bladder until finally nothing remains but a bound down tube. Stones in the cystic duct, or stenosis, induce changes in the gall-bladder and duct, septic, ulcerative or gangrenous and colic, frequent and exhausting. Stones in the common duct induce urgent symptoms and call for prompt relief.

The dangers of cholelithiasis and its consequences as grouped are:

(*a*) "That repeated attacks may and not infrequently do exhaust the patient. Cases are on record in which the extreme vomiting and prolonged suffering of one attack has terminated fatally.

(*b*) Fatal cholemia, with its strong hemorrhagic tendency, both post- and ante-operative.

(*c*) Distension of the gall-bladder until it enlarges sufficiently, in some cases, to reach to the pelvis, pressure effects incident thereto, and local and general effects from the decomposition of its retained products — *i. e.*, empyema and cystitis."

If we recall its rich lymphatic supply, we will readily understand the rapidly occurring and serious systemic poison in suppuration about the gall-tract. Mr. Tait and others have found stones in hepatic abscesses. It is easy to understand that a stone formed and retained in the hepatic duct *may* induce an irritation and afford a suitable environment for the morbific effect of the common bacillus of the colon and other pathogenic germs. It is held by others, however, that gall-stones are invariably formed in the gall-bladder, as a result of the inspissation and sluggish flow of bile at that point.

What operation shall be done, and how it shall be done, depends upon the indications to be met by operative interference. It goes without saying that not every case of cholelithiasis demands an operation. Gall-stones in great numbers are found in the gall-bladder without having induced symptoms of their presence, the patient continuing in good health. Under such circumstances there is no indication and no need for surgical aid. Only when symptoms incident to gall-stones are marked and continuous are we justified in interfering surgically. This justification will not, however, be wanting sooner or later if obstruction from stone, stricture or morbid growth exists. Under such circumstances interference is imperative. The sooner the better, and this conclusion is fully sustained by the good results which are daily accumulating.

What are the operations applicable to the relief of gall-tract troubles? Prominent among the operative procedures which are now and have been in vogue for the past ten years are cholecystotomy, cholecystostomy, cholecystectomy, cholecystenterostomy, and choledochotomy. Of these the operations upon which most interest is being centered, the comparative value of which is, to some extent, a matter of dispute, are choledochotomy and cholecystenterostomy. Cholecystenterostomy was an advance of no small proportions over cholecystostomy. The technique of this operation, as now performed, is so simple, where the gall-bladder is not too much contracted; its immediate effects are so strikingly good, its execution attended with so little danger, that it was heralded as almost an ideal operation. Where the obstruction is in the cystic duct, when the damage is due to retention of the secretions of the gall-bladder, drainage into the duodenum is a great improvement over drainage through an incision in the abdominal parieties. When the obstruction is in the common duct, by cholecystenterostomy the current of bile is turned through the cystic duct and gall-bladder into the duodenum and its usefulness to the animal economy is not lost, as is the case where it escapes by means of a cholecystostomy. By it drainage of the suppurating gall-tract is

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secured and systemic poison — *i. e.*, cholemia and septicemia—are prevented. Its ease of execution, its minimum death rate, and its immediate effects for good, mark it as an advance of large proportions. Nature pointed the surgeon to this way of draining the suppurating area around the gall-tract by not infrequently forming adhesions between the gall-bladder and duodenum and emptying the suppurating cavity into the intestine. For years various operators have essayed to imitate nature by trying to establish a gall-bladder and duodenal anastomosis by sutures; but not until the advent of that ingenious product of American invention — the Murphy Button — was the technique of cholecystenterostomy so simplified and so completely shorn of danger as to make it safe almost in the hands of the novice.

Dr. Murphy enumerates the indications for cholecystenterostomy as follows:

1. "In all cases where it is desirable to drain the gall-bldder.

2. In all cases of perforation into the abdominal cavity where the duct must be obliterated by the reparative process.

3. In all cases of cholelithiasis where obstruction of duct is present, or where the reflex disturbances of digestion are marked.

4. In all cases of cholecystitis, either with or without gall-stones.

5. In all profusely discharging biliary fistulae, either following operations or as a sequelae of pathological changes in gall-tract."

It will be seen that Dr. Murphy finds in cholecystenterostomy by means of his anastomosis button a means for the relief of a large portion of the morbid conditions incident to cholelithiasis. His contra-indications for its use are mainly a too much contracted gall-bladder to get the button in, where the adhesions are so extensive that we cannot get the duodenum up to the gall-bladder without risk of kinking it and inducing intestinal obstruction. Dr. Murphy himself and many operators, especially in this country, have furnished us with ample proof of the usefulness of this operation, which makes a new short route from the gall-tract to the intestinal canal. But a continued evolution of the subject of the surgical treatment of gall-tract diseases demonstrates to the satisfaction of many, whose opinions merit our regard, that cholecystenterostomy is not an ideal operation. It has a limited scope of application, and is only indicated for irremediable stenosis of the duct or where the impacted stone or obstruction, of whatever nature, cannot be removed. The ideal operation contemplates restoring the gall-tract to its natural state, reëstablishing it as a drainage tract. This is accomplished by removing the obstruction — the cause of the morbid changes — which, in a majority of cases, is an impacted stone. The operation of choledochotomy — *i. e.*, incising the duct, removing the stone, immediate suturing of the duct, and drainage, as a precaution — is the ideal operation.

For a time surgeons hesitated to incise and suture the duct for fear of leakage of bile. Experience shows it to be safe and curative in the full sense of the word. Curative, in that, not only is drainage secured, but the cause of the morbid condition — the stone — is removed. As long as the stone remains in the duct it is an irritant, and inflammation, catarrhal or septic, and reflex gastric disturbances will continue. Cholecystenterostomy does not remove the stone impacted in the duct, and this is the weak point which limits its application. Cholodochotomy is safe. The mortality of incising and suturing the duct is less than eighteen per cent.

It is true that it is not always an easy matter to find the duct and stone, and sometimes it is impossible either to locate the stone or remove it after it is located, or to bring the bound-down duct into position to suture it; but an improved technique is rendering this a less formidable objection to cholodochotomy. Dr. Elliott of Boston finds great advantage in placing the patient in a reversed Trendelenburg position, and also urges that the sutures to close the incision in the duct be passed before the exposed stone is removed. Some authors claim that a cholecystostomy should be done in connection with incision and

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suture of the duct, if we have an existing empyema of the gall-bladder or suppurating cholangitis, for the better drainage of the suppurating tract; but, others contend, if we remove the obstruction in the tubes, that sufficient and curative drainage will go on through the natural tract without additional aid. While many are better satisfied to drain with gauze the area of the sutured duct for a short time, still others, however, do not fear the leakage of bile and do not hesitate to close at once the abdomen.

An objection urged against cholecystenterostomy is the danger of infection of the gall-tract by the bacillus coli communis and infection of the liver; but, admitting this possible danger incident to establishing a short route for infection from the duodenum to the liver, it is of small consequence compared to the good resulting from free drainage in cases of empyema and cystitis of the gall-bladder from stenosis of cystic duct, or in cases of cholangitis and cholemia from common duct obstruction which cannot be removed.

Choledochotomy and cholecystotomy are, unquestionably, ideal operations where they can be done. Cholecystenterostomy, with Murphy button, while it only relieves the consequences and does not remove the cause, has saved and will continue to save lives, especially by tiding over desperate cases too feeble from sepsis and cholemia to stand a prolonged operation.

In many of its details the technique of the operation of choledochotomy is still imperfect, but, in spite of this, it is an ideal operation in its conception, and a mortality of less than eighteen per cent. is wonderfully encouraging as to results. In this as in other fields of abdominal surgery the point should be urged that fatalities are not due to the operation, but to the want of its early execution. While it is often impossible to make the diagnosis of cholelithiasis and its consequences, or utterly impossible, in many instances, to differentiate one morbid condition from the other, it is fair to assume choledochotomy will be more than ever an ideal operation when we can diagnose gall-tract diseases before long existing cholangitis and local peritonitis has bound down the duct, matted the parts in its neighborhood, and poisoned the system by septic or cholemic infection.

REMOVAL OF A PIECE OF PYLORIC MUCOUS MEMBRANE BY THE STOMACH-TUBE.—Ebstein (*American Journal Medical Science*) reports a case in which this accident happened, the fragment being found in the fenestrum of the tube. The case was one of chronic peritonitis with strictures and dilatations of the duodenum. Death occurred from septic peritonitis four days after a laparotomy. Neither loss of tissue nor cicatrix could be found in the stomach. Ebstein thinks this accident much more frequent than is usually believed. Position and size of the stomach, and, as in the case reported, adhesion with neighboring organs, favor the occurrence. The author advises distention before passing the sound in order to be able to form an idea of the extent and configuration of the stomach. The sound must be sufficiently thin; must not be removed too rapidly, but slowly, and while water is allowed to run in. The occurrence of vomiting while the tube is in the stomach necessitates special caution.

* * *

SEMINAL EMISSIONS.—Potassium bromide, says the *Philadelphia Polyclinic*, the popular remedy, is often unsatisfactory; sometimes it even aggravates the condition, perhaps deepens the despondency that commonly accompanies this condition. A number of physicians have given up the alkaline bromides, preferring hyoscine, administering $\frac{1}{200}$ of a grain at bed-time. The effect is nearly always favorable, and frequently affords permanent relief. If hyoscyamine is employed instead of hyoscine, it is important to stop short of the point where the physiologic effect of the drug is manifested. One advantage is, either hyoscine or hysocyamine properly administered can be continued for months without appreciable ill-effects.

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VAGINAL SECTION AND DRAINAGE FOR PELVIC ABSCESS. WITH REPORT OF CASES.

READ BEFORE THE CHICAGO GYNECOLOGICAL SOCIETY.

By T. J. Watkins, M. D.,

Instructor in Gynecology in the Northwestern University Medical School; Attending Gynecologist at St. Luke's, Lakeside, and Provident Hospitals, Chicago.

PUS in the Fallopian tube, ovary or pelvic cellular tissue will be considered a pelvic abscess.

The object of this paper is to advocate vaginal section and drainage for exceptional cases of pelvic abscess. Most of the literature on the treatment of pelvic abscess through the vagina appeared before the pathology of this condition was well understood and before aseptic surgery was practiced, and is therefore of little practical value. Many gynecologists, among them our esteemed President ("Treatment of Pelvic Abscesses by Laparatomy," *Chicago Medical Recorder*, May, 1894, p. 295), advocate abdominal section in all cases of pelvic abscess. Dr. Clement Cleveland recently read a paper on "The Treatment of Pelvic Abscess by Vaginal Puncture and Drainage" (*New York Journal of Gynecology and Obstetrics*, June, 1894, p. 652), in which he demonstrated that the operation was a valuable procedure in selected cases.

A brief report of a few cases of pelvic abscess which I have treated by vaginal section and drainage will, I think, facilitate the presentation of the subject.

Mrs. S. was referred to me by Dr. A. W. Bigelow in May, 1893. Examination showed an abscess filling the entire pelvis, pushing the uterus and vagina forward, and extending above the brim of the pelvis on one side. The abscess was of long standing and the patient feeble and emaciated from sepsis. Vaginal section was performed with irrigation and drainage. About one pint of pus was evacuated; operation extra-peritoneal. The patient made a rapid and complete recovery. The drainage tubes were removed in about four weeks. Dr. Bigelow reported on April 11, 1895: "I last saw Mrs. S. some three months ago. She was in perfect health, and has had no return of the pelvic trouble."

Mrs. S. O. was admitted to St Luke's Hospital in January, 1895, suffering severely from disease of the left tube and ovary, which were adherent in Douglas' cul-de-sac. The uterus was retroverted. Her temperature was normal. Vaginal section revealed a small abscess between the ovary and the posterior vaginal wall, which was evacuated and the sac thoroughly cleansed. The separation of the adhesions about the ovary and thickened tube was followed by restoration of the uterus to its normal position and elevation of the left uterine appendage. The right uterine appendage was normal. The wound was packed with gauze. Recovery from the operation was satisfactory, and the uterus and appendages remained in normal position. Recent examination shows some thickening to the left of the uterus, which does not occasion any special distress. The operation was made for exploration. The ovary and tube did not appear to be so diseased as to indicate excision.

Mrs. S., aged 28, patient of Dr. Joseph Trenchard, had a large abscess which filled the pelvis, pushed the vagina forward, and extended to the perineum. The abscess had occasionally discharged through the rectum. The patient was emaciated, temperature 100° to 103°, pulse rapid and weak. In February, 1894, I made vaginal section, irrigation and drainage. The abscess contained about one pint of offensive pus and liquid feces. The patient made a rapid and uninterrupted recovery and the drainage tubes were removed about four weeks after the operation. At this time

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examination revealed very little thickening posterior to the uterus. Fecal matter escaped through the tubes for only a short time after the operation. On April 5, 1895, Dr. Trenchard wrote: "I heard from Mrs. S. yesterday. She rapidly regained her usual health and has remained perfectly well." In this case abdominal section would probably have resulted fatally.

Miss L. R., aged 18, was admitted to St. Luke's Hospital June 24, 1894. Upon examination a mass was felt posterior and to the left of the uterus, extending above the pelvic brim. Abdominal section revealed an agglutinated mass of omentum, intestines and pelvic abscess. The adhesions were extensive and very firm. A left tubo-ovarian abscess was found which contained about one ounce of pus. The abscess cavity was shut off from the general abdominal cavity by gauze packing, and the abscess was opened, drained, and a portion of the abdominal incision closed. Vaginal section was now made and an abscess of the right uterine appendages opened, irrigated and drained. The patient's temperature soon became normal. The drainage tubes were removed at the end of four weeks. Examination showed the uterus to be fixed and showed some induration in the pelvis. The patient felt perfectly well, however, and was discharged from the hospital. I have been unable to get a recent report of the case.

Mrs. C. C., aged 32, was admitted to St. Luke's Hospital June 26, 1894. Examination showed extensive induration lateral and posterior to the uterus. The uterus and upper portion of the vagina were pushed forward, and the mass extended upward on the left side of the pelvis. The abdominal walls were exceedingly thick. The patient had no symptoms of septic infection and her history indicated that the abscess had existed a very long time. Vaginal section was made with drainage and irrigation, and about one pint of pus was evacuated. The patient felt perfectly well after the operation. At the end of three weeks the drainage tubes were removed. Examination showed some thickening to the left of the uterus. Two months later a large mass was found to the left of the uterus, which was opened through the old incision, drained and irrigated. Examination during the operation induced me to think that the abscess was ovarian. The drainage tubes were removed at the end of six months. Examination on May 15, 1895, showed a sinus two inches deep, some discharge of pus, and the uterus not freely mobile. Some thickening was felt posterior and to the left of the uterus, but no distinct swelling existed, and the patient's health was excellent. The abscess caused very little suffering; removal by abdominal section would have been difficult and dangerous.

Mrs. H. S., pelvic abscess following secondary abdominal section for severe hemorrhage. On account of the feeble and anemic condition of the patient blood clots were left in the abdomen, which became infected and produced the abscess. The abscess displaced the posterior-vaginal wall forward. Vaginal section was made in January, 1895, with irrigation and drainage; about one pint of offensive pus and blood clots was removed. Recovery was satisfactory but slow, on account of the anemic condition of the patient. Recent examination shows no evidence of pelvic disease. This patient could not have borne a third abdominal section.

Miss S. L., aged 22, was admitted to St. Luke's Hospital on the evening of January 18, 1895. She had a temperature of 103°, pulse 120, and her general condition was exceedingly grave. She gave a history of induced abortion ten days previous. Examination showed a large mass high up in the pelvis to the left of the uterus. She had marked tympanites, general abdominal tenderness, and constant nausea and vomiting. The symptoms indicated general peritonitis. January 19, temperature 103°, pulse 130. Shreds of offensive membrane and small pieces of placenta were removed from the uterus with placenta forceps and curette. Section of the vagina was made to the left of the uterus, and the finger was forced up between the folds of the broad ligament until it

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came in contact with the Fallopian tube. A blunt instrument was introduced along the finger as a guide into the tubal abscess; the opening thus made was enlarged with the finger, and two rubber drainage tubes were inserted into the abscess sac. Two to four ounces of very offensive sanguinolent pus escaped. Frequent antiseptic irrigations were used. The patient became almost pulseless during the operation, which occupied only a few minutes. Her condition improved slightly after the operation, but two days later a similar mass was found on the right side. An incision was made to the right of the cervix and the abscess was treated like the previous one. This abscess contained also from two to four ounces of offensive pus. Both the operations were extra-peritoneal. The patient's temperature immediately dropped three degrees and soon became normal, and her condition rapidly improved. She sat up in about three weeks, and left the hospital thirty-eight days after the operation, feeling perfectly well. The drainage tubes were removed on the thirty-third day. Examination showed a movable mass, probably ovarian, high up to the left of the uterus. Examination of the right side revealed no evidence of disease. Examination made about April 1 showed no appreciable change in the mass. This will probably necessitate an abdominal section, which can now, I believe, be safely performed. Had abdominal section been attempted in this case, the patient would certainly have died during the operation.

Mrs. B. R., aged 30, was admitted to St. Luke's Hospital, March 10, 1895. She gave a history of a miscarriage two weeks previously, and her last menstruation occurred two months before. She had been curetted twice for supposed retained portions of placenta before coming to the hospital. Temperature 103°, pulse 140; marked anemia; abdomen tympanitic; general condition grave. On examination a mass was found which filled the pelvis and extended above the pelvic brim on the left side and pushed the uterus and vagina forward. Vaginal section was made and from one to two quarts of very offensive blood clots removed. Digital examination within the sac revealed an enlargement of the left tube, which prolapsed into the sac cavity. The case was undoubtedly one of extra-uterine pregnancy, and the blood clot had become infected during the curettements. The sac was drained and irrigated. The temperature dropped suddenly and gradually became normal. At the end of three weeks she left the hospital. At this time the discharge was slight and the mass on the left side was small. Her family physician recently informed me that he had removed the drainage tubes, that all discharge had ceased, and that the pelvis was apparently normal. An abdominal section would undoubtedly have been fatal in this case.

Mrs. M. S., aged 37, was admitted to St. Luke's Hospital March 23, 1895. Temperature 102.4°, pulse 118; abdomen tympanitic; severe pain in lower abdomen; patient anemic; symptoms of general peritonitis. Examination revealed a mass filling the pelvis, pushing the uterus and vagina forward, and extending nearly to the umbilicus. Her last menstruation commenced on January 1, at the regular time, but hemorrhage continued until the time of operation. Vaginal section posterior to the cervix was made and about one quart of partly clotted blood was removed. A mass remained to the left of the uterus. The sac was irrigated and drained. The case was probably one of extra-uterine pregnancy. The patient has been practically free from sepsis, pain, or any discomfort since the operation. Examination April 10 showed no evidence of pelvic disease. The drainage tubes were removed and the patient discharged from the hospital.

Technique of the operation.—The patient is prepared as for vaginal hysterectomy. The abdomen should also be prepared on account of the possible necessity of a celiotomy. The patient is anesthetized and placed in the lithotomy position; the posterior vaginal wall is retracted by Simon's speculum, and the cervix drawn down with a double tenaculum forceps. The uterus is dilated,

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the uterine cavity explored, curetted, irrigated, and packed with gauze if indicated. An incision about one inch long through the vaginal wall is made near the cervix, opposite the most prominent point of the tumor. This will usually be posterior to the cervix, but may be lateral as in case of Miss S. L., and possibly anterior to the cervix. Any connective tissue between the vaginal wall and the abscess is separated with the finger, or it may be necessary to divide some of the fascia with blunt-pointed scissors. Careful exploration is now made to determine whether the peritoneal cavity has been opened; if so, it should be carefully walled off with gauze packing. The finger may now be passed directly into the abscess, or if the wall is tough it may be opened by a blunt instrument, such as a grooved director or sound, and the opening enlarged with the finger or forceps. All of the pus is removed by thorough irrigation with sterilized water. Careful bimanual examination to determine the condition of the pelvic contents is now made with one or two fingers of the left hand in the abscess sac and the right hand over the abdomen. If additional abscesses are found they may be punctured through the abscess wall, may be opened by another vaginal section, or may be removed through an abdominal incision. The mode of procedure must be determined by the indications in each case.

Two drainage tubes sutured together, one large and one small, are now inserted into the abscess cavity. The large tube is perforated for a distance of one or two inches, the end split, inverted, and sewed so as to form a shoulder on each side which retains it in place after the abscess wall has contracted about it. The drainage tubes are fastened to the cervix by a suture for retention until the abscess and vaginal walls contract about them.

The after-treatment consists principally in the use of peroxide of hydrogen, frequent irrigations, and antiseptic douches. Any gauze left between the vaginal and abscess walls should be removed twenty-four or forty-eight hours after the operation. The drainage tubes should be left in place as long as the discharge continues. This may be for from three weeks to six months. When the rubber tubing becomes offensive it should be changed.

Indications for the operation.— 1. When the condition of the patient is such as to make abdominal section extremely dangerous.

2. When the abscess is large, of long standing, and situated low in the pelvis, and when the patient gives a history of peritonitis.

3. When abdominal section reveals extensive and firm intestinal adhesions.

4. When the abscess is on the floor of the pelvis and is complicated by rectal fistulae.

5. Vaginal section may be indicated for the separation of adhesions which fix the ovaries and tubes on the floor of the pelvis, and for examination of the ovaries and tubes.

6. Puerperal abscesses. These abscesses frequently do not involve the Fallopian tubes or ovaries, and satisfactory results usually follow thorough drainage of them.

Results. 1. *Immediate.*— I have done vaginal section for pelvic abscess nineteen times, and in every case with relatively satisfactory results. In two cases operations for secondary abscesses were required; in one case abdominal section was necessary to complete the operation. Excepting in the two cases which developed additional or secondary abscesses, the temperature has become practically normal within a short time after the operation. The patients have suffered very little after the operation — in fact, pain has usually been absent. The patients have almost invariably been out of bed at the end of two weeks. Aside from the accidents consequent upon anesthesia the operation is devoid of danger.

2. *Remote.*— Many of the operations are of too recent date to permit a satisfactory report of the ultimate success. Some of the operations, however, date back three years. None of the patients have, to my knowledge, suffered especially from pelvic disease after the opera-

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tion. Three of the patients have some enlargement to the left of the uterus which may later on require abdominal section, and two of them have a sinus.

Advantages of the operation.— 1. It is not dangerous to life.

2. It is followed by little or no suffering.

3. Recovery is rapid.

4. No raw surfaces are left in the abdominal cavity to cause adhesions.

Objection to the operation.— 1. It is applicable in only a small per cent. of the cases of pelvic abscess.

2. Diseased tissue is not removed. The tissues may, however, become normal after the abscess is opened and drained, as has frequently been the case after spontaneous rupture or puncture of the abscess. The favorable results which have followed simple incision and drainage of abscesses in other parts of the body may indicate that some cases of pelvic abscess have been treated by too radical measures. The nature of the abscess may be a guide in the selection of the method of treatment. For example, tubercular or gonorrheal abscesses indicate excision more than abscesses due to some other infection.

Remarks.— This operation should take the place of vaginal puncture or aspiration, which has been the usual vaginal operation for pelvic abscess. In the latter operation the bladder, rectum or some other portion of the intestinal tract and large blood-vessels have been punctured. I know of two cases in which large blood-vessels have been injured with fatal results. These accidents are avoidable in the operation which I have described.

Many authors advise, in cases in which doubt exists as to the choice between abdominal section and vaginal puncture, that celiotomy be first performed, and then, if indicated, that puncture through the vagina be made. In such a case I would advise vaginal section, which could be immediately followed by abdominal section, if necessary. Should the latter operation be necessary the previous vaginal section would not compromise the chances of recovery, but, on the contrary, would afford a perfect avenue for drainge and would remove the pus which otherwise would be liable to escape into the abdominal cavity.

For suspected disease low in the pelvis, vaginal seotion permits of thorough and satisfactory exploration without subjecting the patient to the dangers consequent upon abdominal section.

THE USE OF DIPHTHERIA ANTITOXIN FOR IMMUNIZATION. — Hermann M. Biggs, M. D., of New York (*British Medical Journal*, August 31) said: Remarkable results have attended the use in New York of diphtheria antitoxin for immunizing purposes. The conditions under which it has been employed have been peculiarly favorable for demonstrating its exact value. From May, 1892, to February 18, 1894, no cases of diphtheria occurred in the New York Infant Asylum, which ordinarily has about 400 inmates. From February 18 to September 1, 1894, there were 22 cases of diphtheria and 15 deaths. In September there were 16 cases, and from this time to February 10—108 days—107 cases of diphtheria occurred. These were very evenly distributed over this time, about 30 cases developing in each month. In the latter part of October systematic bacteriological examinations of the throats of the healthy children showed that diphtheria bacilli were present in so large a number that in order to isolate these, nearly one-half the inmates were quarantined. All efforts directed to checking the progress of the epidemic were unattended with success up to the time that antitoxin was employed for immunization. By the use of antitoxin it has been possible to completely stamp out diphtheria in four great institutions for children in which it was prevailing in epidemic form. In no instance have there been, so far as can be determined, any serious results from the administration of the remedy for this purpose. The duration of immunity is apparently not more than 30 days in many cases.

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MEDICAL PROGRESS.

MIRACULOUS HEALING.—But we must frankly confess, says the *Lancet*, that we have a strong conviction that the great majority of those "cures" belong to a wholly different class; that they are, in fact, identical with those neurotic cases with which hypnotism has made us so familiar. It will always be observed in reading the accounts of the phenomena alleged to occur at Lourdes, Knock and elsewhere, that the cures occur precisely in the sort of patient and in forms of disease most likely to be affected by forces identical with, or analogous to, hypnotism. Highly strung, enthusiastic and visionary girls figure largely in these accounts, while the diseases alleged to be most amenable to cure are such affections as catalepsy, paralysis, blindness, etc., all of which occur frequently as functional affections liable at any moment to be dissipated by any cause that makes a strong impression on the nervous system. No doubt cures of such conditions as advanced phthisis have been repeatedly alleged, but so far as we know, a careful investigation by competent persons has always disproved the genuine cure of such cases. Often the marked temporary improvement has been merely the result of an extreme exaltation of the nervous system, to be quickly followed by the resumption of all the old symptoms and the inevitable end.

* * *

REPORT OF 900 EXTIRPATIONS OF GOITER.—In commenting on his "Report of Extirpation of Goiter" (*Journal Nervous and Mental Diseases*), Kocher remarked during the past ten years in which he had performed the operation on 900 patients, he had met but one case in which cachexia strumipriva had developed. This was entirely owing to the fact that he always left a part of the thyroid gland, which was sufficient to carry on the functions of that organ. In the single case in which the cachexia developed, the extirpation was unilateral, but after the operation it was found that the other side was atrophied.

A very interesting statement by Kocher is that he had several times noticed that tetany, which he is pleased to call acute cachexia, developed. It is interesting, likewise, to hear that the patient in whom cachexia strumipriva developed, recovered through thyroid feeding.

In speaking of the mortality in his operations, Kocher says that he deducts thirty cases of malignant goiters in which unusual and peculiar difficulties militated against success. Of the remaining 870, eleven died; but in six only was death the direct result of the operation, and of these, three were operated on for Graves' disease. The extirpation of the goiter in the latter disease he regards as dangerous. For the latter he prefers to ligature the thyroid arteries; but never more than three of them.

Referring to some researches that had been made under his observation by Lanz and Trachewski in the treatment of goiter by the injestion of thyroid extract, the author said that in the long run this method may determine complete atrophy of healthy parts of the thyroid gland. He further remarked that all the symptoms of Graves' disease had been produced in healthy animals by these experiments. He found also that the symptoms of exophthalmic goiter improved greatly under treatment by phosphate of sodium.

* * *

CASTRATION FOR PROSTATIC HYPERTROPHY.—Kummel (*British Medical Journal*), in a lecture on the operative treatment of enlarged prostate, reports eight cases of this affection in which he performed double castration. The operation was followed by considerable relief in these cases, but one patient, aged 77, died from exhaustion after an interval of four weeks. In a review of his own cases, and those published by other surgeons, he states that in a large majority of instances of senile enlargement of the prostate, White's operation is certainly followed by a more or less rapid shrinking of the prostatic tissue. This result of double castration in most cases en-

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ables the patient to dispense with the use of the catheter and to discharge urine spontaneously. The bladder troubles, also, are much relieved, and the general condition is improved. In the selection of suitable cases attention should be paid to the condition of the muscular structure of the bladder. If the detrusor muscle be paralyzed to such an extent that the bladder cannot be completely emptied even by the use of a catheter, it would be useless to expect a restoration of normal function as a result of removal of the obstruction to the flow of urine. In two of the cases here recorded, however, good results in this respect were obtained in spite of considerable weakness of the detrusor. In many cases the diminished size of the prostate after double castration permits of the more ready introduction of a catheter, and thus wards off the dangers of retention. In the author's opinion, the treatment of hypertrophy by double castration compares favorably with other operative measures in being simpler in performance and less dangerous. It can be performed without subjecting the patient to the risk of general anesthesia, and necessitates but a very short stay in bed, which with regard to old and enfeebled subjects is a very important point. The operation, it is stated, should be recommended only to those whose sufferings have attained a high degree, and can no longer be relieved by mere symptomatic treatment. The author met with no objection to the operation from any of his patients, all of whom were well satisfied with its results. The recorded instances of success are so numerous and striking that the author has been led to the conclusion that the surgeon is certainly justified in suitable cases of enlarged prostate in advising and performing this operation. Although a more extended series of observations is needed before a clear and absolute judgment can be formed on this new method, there can be no doubt, the author holds, that this procedure is a valuable addition to the operative means of dealing with advanced and grave forms of prostatic hypertrophy. The observations with regard to the influence of unilateral castration on the growth of the prostate are very contradictory, and further information is needed before any definite conclusion can be reached on this question.

* * *

FRACTURE OF THE FEMUR FROM MUSCULAR ACTION.— Dr. Irving S. Haynes reported in the *New York Medical Journal* the case of J. W., an athlete, thirty-six years of age, who, while bowling, had attempted to throw a heavy ball, in doing so had lost his equilibrium, and, in endeavoring to regain it, had brought such a strain upon the left femur as to fracture it in the middle. The line of the fracture had extended slightly obliquely from above and inward, downward and outward. He had been in unusually robust health, and had been free from any specific disease; hence the manner in which the fracture had been produced was of unusual interest.

Dr. J. W. S. Gouley recalled the case of a healthy young man, under thirty years of age, who, while endeavoring to hurl a ten-pound dumb-bell to a considerable distance, had thrown back his right arm so far that it was beyond the control of certain muscles, with the result that the humerus had snapped just below the deltoid insertion. Of course, in this case the weight of the dumb-bell had been a decided factor in addition to the muscular action. The fracture had united satisfactorily. No disease of the bone had been found, although the speaker said that when fracture occurred in this way he was usually suspicious of the existence of malignant disease of the bone. It was not uncommon for fractures of bone to occur from very slight causes, such as movements in bed, where there was malignant disease of the bone.

* * *

AN EASY AND READY METHOD OF CIRCUMCISION. — John W. Ross, Surgeon, United States Navy (Retired), says in the *Medical Record*, August 31, 1895: Retract the foreskin; insert the glans penis up to the corona into the open mouth of a glass test tube; draw the foreskin well forward over the end

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of the tube; tie a strong, small silk cord very tightly around the foreskin immediately in front of the flange of the tube; amputate the foreskin one-eighth of an inch in front of the constricting cord by a circular sweep of the knife; unite the mucous and cutaneous edge of the stump of the prepuce by eight or ten fine interrupted sutures; cut the constricting cord; remove the tube; cover the cut edges well with powdered iodoform; encircle the anterior half of the penis with a roller bandage of iodoform gauze, allowing the meatus to project slightly for facility of urination without soiling or removal of the dressing; and keep the patient in bed, with the penis elevated, for from twenty-four to forty-eight hours.

* * *

CODEINE IN IRRITANT COUGH.—C. W. Ingraham (*American Medical and Surgical Bulletin*) says: One of the most valuable preparations the author has ever used for the relief of irritant cough is a mixture of codeine sulphate and ammonium bromide. The addition of the latter assists expectoration and increases the effect of the codeine; or, rather, a smaller amount of codeine will accomplish the desired results when given in conjunction with ammonium bromide. His favorite prescription is as follows:

Codeine Sulph. (Merck's) 16 grn. (1 gme.)
Ammonium Bromide. . 320 grn. (20 gme.)
Water. . . . . 2 fl. oz. (60 c.c.)
Syrup. . . . . To make 4 fl. oz. (120 c.c.)
Teaspoonful, 2 to 4 times a day.

In cases accompanied with bronchial catarrh, or in those in which a more powerful expectorant is desired, the above prescription may be modified, as follows:

Codeine Sulphate. . . . 16 grn. (1 gme.)
Ammonium Bromide. . 320 grn. (20.7 gme.)
Fl. Ext. Yerba S. ½ to 1 fl. oz. (15 to 30 c.c.)
Syrup. . . . . To make 8 fl. oz. (240 c.c.)
Two teaspoonfuls, in wine or syrup, from 2 to 4 times a day.

Dr. Ingraham recommends that care should be taken to obtain a reliable preparation of codeine, as many inferior grades yield results which indicate that morphine is one of their component parts. The dose of codeine (for adults) varies for different individuals; in some 1–3 grn. (0.02 gme.) will give the desired relief; while in others no results are obtained until 2–3 grn. (0.04 gme.) is given at a dose. When the correct dose is found, it is seldom necessary to increase it. The value of codeine, according to the author, lies in its power to reduce the irritation or excitability of the nerves governing the pulmonary mechanism. It gives rise to no gastric disturbances, and is not constipating. The author found that in unusually susceptible patients a peculiar dulness followed the use of codeine, which, however, is only transient, and much to be preferred to the results which ordinarily follow the use of many other preparations used for the relief of cough.

* * *

A FEW POINTS IN OBSTETRICS.—Ewing (*Medical and Surgical Reporter*, August 24) advances a few aphorisms relating to obstetrics.

1. Examine the urine a week or so before the expected confinement. Albumin need not cause alarm, unless present in large quantity, in which case the woman should be restricted to milk diet, given one-tenth grain of sulphate sparteine four times a day, and bowels kept open with cream of tartar, the object being, of course, to relieve congestion of the renal veins.

2. Make no digital examination without first cleansing the hands and nails, together with the external genitals, with a solution of bichloride of mercury (1 to 2000) and ethereal soap.

3. Empty the rectum thoroughly with an injection of warm water.

4. Make as few examinations as possible during progress of labor, and each time dip the hand first in the antiseptic solution.

5. If the presenting part emerges slowly from the womb, do not allow your impatience to so get the better of your judgment as to induce you to "assist nature" by pulling on the os. Probably all the deep pathological tears, calling for surgical interference, found on the right and upper anterior sides of the cervix, are caused by the finger of the accoucheur.

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Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, OCTOBER 5, 1895.

THERE is no question whose solution is of greater importance to the health of individuals and communities than this. From time immemorial we have been accustomed to look upon the emanations from decaying organic material as in some way dangerous and that which was offensive to our sense of smell has come to be regarded as of necessity noxious to our physical well-being. But it is remarkable how little scientific evidence there has been to substantiate this view. The micro-organisms of certain diseases, as typhoid fever and cholera, are excreted with the stools, it is true, and thus find their way into the sewers, and it was quite natural to suppose that their harmfulness did not stop here. It was supposed that sewage swarmed with the specific germs of various infectious diseases. But it has been shown by Dr. Andrewes and Mr. J. Parry Laws (*British Medical Journal*, August 31) that it is extremely difficult to find evidence of the presence of the typhoid fever bacillus in ordinary sewage and that instead of sewage being a favorable soil for its multiplication, as stated by many, it gradually, but surely, exterminates it. Again the undoubted communication of certain diseases, as smallpox, through the medium of the air, lends probability to the existence of similar organisms in the air of sewers. What more natural than to suppose that specific germs can rise into the air with the malodorous volatile substances and can be wafted about as freely as the latter. Here again the same investigators have shown that the micro-organisms of sewer air bear no relation whatever to those of sewage, and that the predominant organisms of sewage are entirely absent from sewer air. "If," say they, "sewer air is free from those special organisms which exist in immense numbers in every drop of sewage, how infinitely improbable, nay, almost impossible, becomes the existence of pathogenic organisms which can only be present in sewage, relatively speaking, in most minute proportion." This seems to dispose of the matter and hence we may conclude that it is an error to regard sewer air as one of the modes by which the germs of disease may be spread and this gives additional emphasis to the necessity of attention to the character of the water supply. The term "water-borne" is now applied to such diseases as typhoid fever, cholera and dysentery to indicate the increasing realization of the view that looks to this source and this alone for their origin.

Are Sewer Emanations Dangerous?

* * *

WITHIN the past few years physiology has added to our store of knowledge many new and important facts. None, however, are more remarkable than those relating to the uses and functions of the so-called ductless glands. It has not been so long ago since these glands were supposed to be useless and therefore redundant parts of the human body and their study was not considered worth the time it would consume.

The Ductless and other Glands.

An excellent review of the advances made in this field, as also in the physiology of some of the ordinary secreting glands, was given

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by Professor Schäfer of University College, London, in an address entitled "Internal Secretions," at the recent meeting of the British Medical Association.

Before noticing this—even briefly—it may be well to define some of the terms which are used in such investigations. A secretion is material which is removed from the blood by a gland. It usually undergoes some sort of change in passing through the gland. It is either poured out again upon surfaces connected with the exterior, or is returned to the blood from the gland directly. The former glands are known as external secretions, the latter as internal secretions. The latter are supplied by the ductless glands, but not by them exclusively; some of the ordinary secreting glands, the liver, pancreas, etc., also supply them. The knowledge of this is a very recent acquisition of physiology and much remains to be learned regarding it, but we know that the internal secretions are of no less importance than the better known and ordinary ones, such as the bile, pancreatic juice, urea, etc.

Professor Schäfer considers in succession the liver, the kidney, the pancreas, the thyroid, the pituitary body and the supra-renal capsules, and shows that they all elaborate such internal secretions. The facts with regard to the thyroid are well known and practically utilized since the discovery by Ord of myxedema and the value of thyroid extract in that disease.

With reference to the supra-renal capsules, Professor Schäfer has confirmed the observations of Brown-Sequard and others showing that an invariable fatal result follows the removal of these glands. The blood of animals thus treated is poisonous to other animals. The principle to which this effect is due is found in the medulla and not in the cortex of the glands. Its properties have been investigated and among other things it is found to exert a powerful action on the voluntary muscles, the blood-vessels and heart, resembling in this respect the action of veratrine. This principle is absent from the capsules in Addison's disease and some cases of this disease appear to be distinctly benefited by oral administration of the extract of the capsules. A very remarkable circumstance is the infinitesimal quantity of this principle required to produce the effects named. One millionth of a gramme per kilogramme of body weight, for example, will produce appreciable, though transient, effects.

Similar results have been obtained in the case of the pituitary body, death from removal, evidence of a secretion tending to increase contraction of heart and arteries and influencing nutrition.

The relations of pancreatic disease and diabetes have been well established, both experimentally and clinically. Frerichs found lesions of the pancreas in 20 per cent. and Rokitansky in 43 per cent. of cases. Extirpation of the organ in animals is followed rapidly by glycosuria in extreme degree, polyuria, wasting and death. This has been proven not to be due to the loss of the pancreatic secretion or of the secreting structure. If one-fourth of the gland be allowed to remain or if a portion of it be grafted in an unusual situation, the symptoms of diabetes do not occur.

Of the same nature and origin are doubtless the changes taking place in eunuchs and others as the result of loss of the generative organs.

Now, with reference to the mode in which these effects are produced, Professor Schäfer points out that there are two theories. 1. That of internal secretion. 2. That of autotoxication. In the first the organ at fault is supposed to form something which is essential to the normal processes of the body and the absence of this consequent on the removal of the gland leads to toxic effects. In the other excretory products are supposed to accumulate from the same cause which in the healthy condition of the gland it is able to dispose of. Of these Professor Schäfer gives his adhesion to the former for reasons which he gives at length.

The subject is one of extreme interest and of the utmost practical importance. It is most ably treated in the address, which gives much information in a condensed form not readily accessible as yet to physicians in general. That it has a vast future there can be no doubt, for in spite of the advances which have been made in elucidating it during the last few years a great number of points still remain obscure. Nevertheless, the way which the physiologist has attempted to show may be followed by the practitioner, and the result of these physiological experiments may now be utilized for the diagnosis and treatment of disease.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 28, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		8
Phthisis Pulmonalis		17
Measles	6	
Whooping Cough	2	2
Pseudo-membranous Croup and Diphtheria.	5	1
Mumps		
Scarlet fever	10	
Varioloid		
Varicella	1	
Typhoid fever	14	7

The Index Medicus fund has now 105 subscriptions; 95 are still needed.

Harvard Medical School had 454 students last year. It also has nearly 100 teachers.

There was not a complete skeleton in all Europe until 1658, when one was set up in Vienna.

In Norway and Sweden no couple can be married without producing a certificate of satisfactory vaccination in both.

The Milner Fothergill gold medal in therapeutics has been awarded by the University of Edinburgh to Dr. Edmund Smith of York, for his essay on the digestive ferments.

Dr. Horatio N. Hollifield of Sandersville, Ga., a native of Howard County, Md., died on September 24, aged 63. He was a graduate of Jefferson Medical College of Philadelphia. He leaves a widow and two children.

Dr. George Dock, Professor of Theory and Practice of Medicine in Michigan University, says the Homeopathic Department of that University is almost defunct and is kept alive only by the appropriations of the Legislature.

Professor Henri Adolf Bardeleben of Berlin died September 24, aged 77. He was born in Frankfort-on-Oder and after studying in Berlin, Heidelberg and Paris, became professor in the University of Giessen in 1848. Subsequently he held the chair of surgery in the University of Greifswald. In 1868 he became director of the surgical clinic in the Royal Charity Hospital at Berlin. He was chief of the medical and surgical staffs in the war of 1866 and 1870. He was associated with Virchôw and Müller in several medical works. He attended the late Emperor Frederick in his last illness.

The new buildings of the University of the City of New York will be formally opened October 19. They are on University Heights overlooking the Harlem River. Between $50,000 and $60,000 have been received as gifts during the summer.

The American Pharmaceutical Association held its Forty-third Annual Meeting in Denver, Col., August 14. There were 450 members registered and 231 new applications for membership. The Committee on Prize Essays awarded the second prize to Dr. Alfred Dohme for his contributions to the chemistry and pharmacognosy of ipecac and stramonium. Dr. Dohme also delivered an admirable address as Chairman of the "Section on Scientific Interests," and four other papers. Montreal was selected for the place of meeting in 1896. The following officers were elected: President, James M. Good, St. Louis; Vice-Presidents, Charles E. Dohme of Maryland, A. Brandenberger of Missouri and Mrs. Miner of Kansas; Treasurer, S. A. D. Shepperd, Massachusetts; Secretary, Charles Caspari, Jr., Maryland.

The daily papers announce the death of the celebrated man, Professor Pasteur, in Paris, on September 29. His death was due to an apoplectic stroke eight days prior to death and a second attack on the day before. For some years he had been the subject of hemiplegia. He was born at Dole, Javra, December 27, 1822. After passing through the University of Paris he held chairs successively in the faculties of Strassburg, Lille, the Ecole Normale and the Ecole des Beaux-Arts. He was not a graduate in medicine. He was a member of the Institute and Academy and a grand officer of the Legion of Honor. He was the author of numerous works on chemistry and bacteriology. His best known work was in connection with fermentation (for which the government granted him an annual pension of 10,000 francs) and hydrophobia. His "Pasteur Institute" has a world-wide celebrity. At his request his remains were interred there, although the Government desired that they should rest in the Pantheon.

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PUBLIC SERVICE.

UNITED STATES ARMY.

Week ending September 30, 1895.

Major Washington Matthews, Surgeon, having been found incapacitated for active service by an Army retiring board, on account of disability incident to the service, is by direction of the President retired from active service, this date, September 26, 1895.

Leave of absence for four months, to take effect about November 5, 1895, is granted Captain Thomas U. Raymond, Assistant Surgeon.

Leave of absence for one month, to take effect when his services can be spared, with permission to apply for an extension of one month, is granted Captain Eugene L. Swift, Assistant Surgeon, Fort Yates, N. D.

A board of medical officers to consist of Colonel Charles H. Alden, Assistant Surgeon General, Lieutenant Colonel William H. Forwood, Deputy Surgeon General, Lieutenant Colonel David L. Huntington, Deputy Surgeon General, Major Charles Smart, Surgeon, Major Walter Reed, Surgeon, is constituted to meet at the Army Medical Museum Building in this city, on Tuesday, October 1, 1895, at 10 o'clock A. M., for the examination of candidates for admission to the Medical Corps of the Army.

Major Henry Lippincott, Surgeon, is relieved from duty at Fort Adams, R. I., and ordered to Fort Sheridan, Ill., for duty, relieving Major Alfred C. Girard, Surgeon. Major Girard, on being thus relieved, is ordered to Fort Douglas, Utah, for duty, relieving Major Charles L. Heizmann, Surgeon. Major Heizmann, on being thus relieved, is ordered to Fort Adams, R. I., for duty.

Captain Richard W. Johnson, Assistant Surgeon, will be relieved from duty at Fort Huachuca, Ariz., upon the arrival there of Captain William J. Wakeman, Assistant Surgeon, and ordered to Fort Logan, Colo., for duty.

Leave of absence for one month, to take effect about the 5th proximo, is granted Major Joseph B. Girard, Surgeon, Presidio of San Francisco, Cal.

Major James C. Worthington, Surgeon, is granted leave of absence for three months, on surgeon's certificate of disability.

UNITED STATES NAVY.

For Two Weeks ending September 28, 1895.

Surgeon D. Dickinson detached from the "Minneapolis" and ordered to examination for promotion.

Surgeon D. N. Bertolette detached from the "Atlanta" to duty on the "Minneapolis."

Assistant Surgeon M. S. Guest detached from the "Minnesota" and ordered to the "Vermont."

Surgeon R. C. Persons detached from the "Minnesota," ordered home and placed on waiting orders.

BOOK REVIEWS.

THE SCIENCE AND ART OF OBSTETRICS. By Theophilus Parvin, A. M., M. D., LL.D. Third Edition. Philadelphia: Lea Bros. & Co., 1895.

The Third Edition of this excellent work by one of the leading obstetrical teachers of America comes to us much improved and revised up to date. The changes consist of alterations in the order in which the subjects are discussed, which is made to conform to the author's oral instruction. Nearly one-third of the book has been rewritten, additional illustrations have been introduced and the endeavor has been "to make it a faithful reflex of obsteric science and art at the present hour." It is dedicated to the author's class of 1894-5 at Jefferson Medical College, of which he says: "I testify the strength and happiness your industry, fidelity and loyalty have given me."

Parvin's Obstetrics is one of the concise and therefore cheapest works on this subject. The author's excellent judgment is shown throughout; so his conservatism, as for instance in speaking of the use of the forceps (p. 604), which he estimates to be called for in not more 5 or 6 per cent. of cases; many times, he asserts, the perineum is torn or other injury inflicted on the puerpera by its unnecessary use.

Where conciseness is so imperative but little opportunity is given for the graces of composition of which the author is master, but he has furnished a work remarkable for clearness and simplicity and his notes embody a large amount of useful and curious information. There is no safer book for the student than this.

REPRINTS, ETC., RECEIVED.

Report of the Abdominal Sections in the Gynecological Department of Mercy Hospital from July 1 to October 1, 1894. Reprinted from *Pittsburgh Medical Review*, December, 1894.

Strabismus as a Symptom; Its Causes and its Practical Management. By Leartus Connor, M. D., Detroit, Michigan. Reprinted from the *Journal of the American Medical Association*, June 29, 1895.

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CURRENT EDITORIAL COMMENT.

NEW REMEDIES.

College and Clinical Record.

ONE is surprised to find how many years elapse, in many instances, between first authoritative mention of the therapeutic value of a drug and its introduction as an official component part of a national pharmacopeia.

PRESENCE OF MIND.

British Medical Journal.

IF we were asked what single quality more than any other conduces to success in medical practice, we should be disposed to say presence of mind. The doctor must be master of himself, not only "though china fall," but though he discovers that he has been studying the pathological changes in a glass eye, or feeling his own pulse like the intoxicated physician of the legend. Swift, in his "Diary to Stella," speaks of the frequency with which people "reason wrongly at first thinking." Medical men are no more exempt from this infirmity than the rest of mankind; but the carefully-cultivated presence of mind, which is the first law of professional self-preservation, generally makes them more successful in concealing it. The young practitioner often gives himself away by offering the first muddy stirrings of his thoughts as an opinion instead of waiting for it to settle.

"AN OVERCROWDED PROFESSION."

Canada Lancet.

THERE can be no doubt that the profession of medicine has become terribly overcrowded, notwithstanding the raising of the standard of matriculation. Each successive effort made to discourage candidates for the degree succeeds only in filling the halls of the medical colleges with an increased number of school teachers and farmers' sons, who imagine that the profession must have a "good thing" that they are trying to keep others away from. Viewed from every standpoint the future of medicine as a means of making a living is a black one indeed, and there can be no doubt that every man enters medicine with that end in view, apart from any view of a philanthrophic nature, for every man must live, and in a new country, such as ours, there are very few who have had the good luck to have a large enough fortune to enable them to use medicine as a means to an end in furthering scientific research.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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NOTES.

FOR moist herpes, a powder of tannin 1, subnitrate of bismuth 1 and starch 100 is recommended.

*

WARMAN warmly recommends asafetida in abortion, in pills or injection per rectum, as a substitute for morphia.

*

PROFESSOR GEORGE J. PRESTON found that the percentage of hemoglobin in the blood is largely increased by the inhalation of pure oxygen.

*

DR. TWEEDY of Dublin reports a case of locomotor ataxia under observation for over 23 years in which nitrate of silver acted very beneficially.

*

DISSOLVE ℥j of fresh tannin in ℥vj water with gentle heat and apply to soft corns between the toes once or twice daily after washing. It is said to give immediate relief.

*

FRENDENBERG from an experience of 56 cases recommends cantharidin (Merck's) in cystitis. His formula was cantharidin one milligramme, alcohol 1 c.c., aq. dest. ad. 100 c.c. Dose, one teaspoonful three or four times a day. 32 cases were completely and often quickly cured.

*

GUERMONPREZ advises packing tubercular foci with iodine. Eight or ten successive applications usually suffice for cure. Iodism does not occur. Don't wait for spontaneous ulceration, but open with a bistoury or thermocautery. It is painless. The eschar is thrown off in four to eight days.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXIII.—No. 26. BALTIMORE, OCTOBER 12, 1895. WHOLE No. 759

ORIGINAL ARTICLES.

INSANITY AND THE COURTS.

READ BEFORE THE ALLEGHENY COUNTY MEDICAL SOCIETY.

By C. C. Hersman, M. D.

THE legal tests of responsibility of the insane as applied under the laws of the United States have given rise to grave discussion in the ranks of the medical profession. This must arouse every thoughtful mind. Such discussions are intensified by reports of cases all over the country, and especially so in our city by that of George Ducovic. That a knowledge of the nature of the homicidal deed committed by an insane person, and of its being a violation of the law, is neither safe nor reliable as a test of the responsibility of the accused is the undivided opinion of our profession. The conclusion to this is, not whether the accused knew the legal consequences, but could he resist the morbid desire which so engulfed his reason?

The legal profession has been trained to accept legal decisions, precedents, and the settled authorities in a long line of cases, and to inquire what the law really is, rather than to investigate its justice, its foundation, its reasons, and the principles upon which it is based. The inquiry of that profession and especially of the Judiciary is — what is the *lex scripta?* They seem to be bound by it, and are determined at all hazards to enforce its provisions according to precedents and decisions, established in time reaching back almost to the dark ages.

As to the true tests of legal responsibility in the insane, law is (in the opinion of the medical profession at least) very short of what the science of medicine demands. The unprejudiced mind should investigate this subject in the light which science has brought to its solution. Our law-making power should examine our statutes to see if they are founded upon sound principles.

The medical profession, yea, all professions, the public even, know that a knowledge of right and wrong, and of the penalties of the law, are not the proper tests in such cases. The men best qualified to judge tell us that the insane not only know right from wrong and often fully understand the nature and penalties of the law, but as a rule they can discriminate between right and wrong in their wrong doings committed under the force of insane delusions which they cannot resist, and I insist that these truths must be considered in determining criminal responsibility.

The legal profession, especially the thinking members, must acknowledge this. They must also acknowledge that our law as interpreted by our courts, in many cases, is misleading; and that a careful revision by our legislators would be a speedy relief. The case of George Ducovic, who was tried and convicted at the April term of Criminal Court, Allegheny County, of murder in the first degree, shows fully the state of the present

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law, and the need of different legal proceedings in such cases. That Ducovic was insane cannot be doubted, as was found since his conviction. He was admitted to Dixmont, May 13, 1894, a very insane man, suffering from delusions of suspicion and persecution. He believed he was persecuted in many ways, the most serious of which was to take his life. Such is the testimony of the superintendent and staff of the hospital. On August 29, 1894, two months or more before the time set for his execution, I was called to the jail to examine him as to his mental condition, but owing to some irregularity in obtaining the order from court I was not allowed to see him.

On Saturday, September 6, I was again called, at which time I asked the assistance of Dr. Samuel Ayres. Soon after the examination was commenced, and we elicited the following facts :

First : That in his native country he had been very much depressed at one time, and had sought death while blasting in a stone quarry by refusing to get out of harm's way during the explosion.

Second : That when discharged from Dixmont he believed that he was only sent to court and remained in the P. F. W. C. R. R. station, Allegheny, until night, waiting for some one to escort him to the courthouse, after which he went to the home of a friend in Etna Borough, where he exhibited the same delusions as before he was sent to the insane asylum. He insisted that they must help him to bring his supposed enemy, Dobrozdravic, to justice ; that he and eleven others were conspiring against his life and welfare.

After various unfruitful attempts to have Dobrozdravic brought into the courts, he went to work in the coal mines, where he acted strangely, working, stopping suddenly, crying, praying, and when at home wanted to be alone in his room.

Suddenly he gave up his work without assignable cause and came to the town to seek justice.

It was his idea that Dobrozdravic was to have killed him on a certain Wednesday, on which day he would have killed Dobrozdravic had he had an opportunity. He first threatened him, thinking that he would get into the court by so doing and obtain justice.

Failing in all other attempts at justice he killed him for the following reasons :

First : To save his own life.

Second : To get before the courts, believing that he would be justified, and that it would be publicly proclaimed that he had done a great and moral act.

Third : That he owed it to society to rid the community of such a character.

Also, he often talked to a friend of a daughter of a member of the firm for which he worked who was greatly enamored of him, and whom he could have married had not Dobrozdravic placed such a stigma upon him. He often decorated his head with flowers and wreaths simulating a woman, at which time he was solicitous in taking part in marriage ceremonies.

On the evening of the killing he went to the house of a friend again to seek aid in obtaining justice, at which time he became very excited and cried bitterly, but was finally quieted. Then he said, " You have ceased to be my friend and I will have to seek justice alone," and in a few minutes he committed the act for which he was sentenced.

The deed done, he talked to friends and officers apparently unagitated and made no effort to escape. At this writing the jail physician, Dr. Cheesrown, informs me that prisoner thinks a woman of small stature appears nightly at the foot of his bed in a white robe, which he believes to be a good omen.

He thinks Dobrozdravic was found guilty and that he is unjustly detained by mistake ; that no judge can punish him for the act, thinks it strange that he is detained at all.

To recapitulate :—

He thinks that Dobrozdravic was seeking his life, position and money ; that he was aided in the conspiracy by eleven others ; that he was compelled to kill Dobrozdravic to save his own life ; that Dobrozdravic was found guilty ; that a daughter of the firm was enamored of him ; that he will not be punished ; that it will be publicly proclaimed that he is innocent ; that he

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thought it was the general talk that Dobrozdravic was to kill him.

These delusions he had before he went to Dixmont, after his release from there, and when examined by us.

From the examination with the history of the man and the crime and all facts deduced therefrom we unqualifiedly stated that he was insane.

He was so incoherent at times during our examinations it was with difficulty the interpreter could make out any meaning. Prisoner had insane delusions of fear and suspicion, but we could find no excuse for such delusions. The parties were not conspiring against him at all but wished him well and were sorry for his condition. His notions were without credence, a positive evidence that he was insane.

These cases do not attribute their annoyance to unnatural or unseen things, or impossible means, but to the malevolence of real persons who plot against them, have evil designs on them, who poison their food, etc. His was a typical case in that these persons reason correctly from false premises; their statements are coherent and rarely confused. With a fixed delusion such a one may go on for years making a living and possibly accumulating something; but, as a rule, he is lacking in effort in one direction and apt to be meddlesome. He is thought to be harmless. A jury would likely see only eccentricity, "just a little off," and the populace go on unconscious of danger until something desperate is done to avenge an imaginary wrong. He thinks he shall be a public benefactor if he rids the world of this culpable individual. Encouraged by the hope of notoriety, he expects to gain the highest pinnacle of publicity and be hailed as a great deliverer. Does he know that he is wrong? Could he resist the insane desire to act? Unquestionably no.

Some are of a suspicious temperament, others are made so by real experience or ill-health. The weak are always suspicious throughout the animal kingdom, and the human brain is not different in instinct. They think they are looked at, watched, followed, conspired against, which is possibly a mental evidence of an illy-nourished or anemic brain. Their career is instinctive. In this condition of morbid suspicion they attach delusional importance to very simple acts. There may be morbid feeling of fear connected with the suspicion. In the case of Ducovic the fear was the more marked. With monomania of suspicion, patients may conceal their thoughts except to their intimate friends, and may even deny believing them if accused, some even appearing sane only while locked up, the delusions cropping out again as soon as at liberty.

The facts are plain. This young man, well behaved, industrious, seized by the delusion above stated, kills his imagined foe. The act was an insane one. There is a feeling abroad that a man, if insane and irresponsible, is always so, whereas most insane often are collected enough during most of their lives. Prisoner did his work, which was mechanical, well, but he had no power of persuasion that it was wrong. I have no doubt that if he had failed in his attempt or had been let run at large he soon would have had to have been locked up again.

That the prisoner knew he was killing a man and that he knew the penalty, does not exclude insanity, for I have had under my care the worst kind of insane who knew the penalty of murder, yet they were mad. In any other case than murder, an irrational act is taken as ground at least for suspicion that the mind of the perpetrator is disordered, but in murder no account is taken of the unreasonable act.

The medical profession may be said to agree substantially as a body that in the homicides by the insane a knowledge of the character of the act committed, and of its being a violation of law, is not a safe and reliable test of responsibility. We have investigated this question with courage, without prejudice, and in the light which science has brought to the solution. There is too much belief in the common sense of a jury, to be the best judge of insanity. One great fault is partly due to the law requiring definitions from medical witnesses.

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We can no more define insanity than we can by definition give an expression of a rainbow or landscape. Except in a few cases, insanity does not develop suddenly. "It does not begin and end with a criminal act as its sole manifestation." The act when committed is but one of several symptoms of his disease. In the case of Ducovic, in coming to a conclusion in our report to the Governor, we considered the whole group of symptoms to amount to insanity. In his own solitude, the physician will have less difficulty to demonstrate the fact that the accused is insane, than when he is subjected to the irregularities of cross-examination by lawyers.

"So carefully guarded do the courts seek to preserve the sacred province of the jury, that the medical expert, in cases where the issue is the mental condition of the party involved, is only permitted to express an opinion upon a hypothetical question."

"By a process of ingenious aggregation, or elinination of symptoms, answers favorable to either view of the case are elicited, or such a congregation of circumstances presented, so deficient in essentials, that the witness is unable to express an opinion."

While, however, the courts are disposed to insist that the basis of the hypothetical question shall embrace conditions that have been developed in the course of the investigation, there is a radical defect permitted in their formation in this respect, that the hypothesis does not embody all the medical history, neither is the medical witness allowed to frame a question which will embrace a complete history of it. He is there to answer questions — nothing more.

"The hypothesis contains just as much of the case as will elicit an answer or opinion favorable to the party in whose interest it is framed; consequently many times answers must come with the automatism of a machine. Hence, at one stage of the trial a question will admit of one answer, and at a subsequent stage another question framed from additional evidence warrants another exactly opposite. Then is presented an apparent conflict in professional opinion with the possible result of lowering the value of the whole expert testimony."

A medical expert should not be permitted to express an opinion upon a hypothetical question which does not in his opinion cover all the points bearing on the subject. If the questions are skilfully framed the experts usually agree in their replies.

We, as a profession, have the right of respectful protest; and to ask that a mode of procedure calculated to bring discredit upon the profession be changed. These questions are scientific and professional and should not be relegated to juries and courts. The existence of these vague cases of insanity is a question that should be decided by a commission of professional experts only. On the other hand, however, it must be borne in mind that the courts are charged with the administration of criminal justice for the protection of society, and are not so much concerned about settling scientific questions.

What I say is expressed with respectful deference to the wiser judgment of the learned judges of our courts and members of the bar, who, however, must agree with the medical profession in the feeling of uncertainty and general distrust that attaches to expert testimony as it is now admitted in the courts. And this is not confined alone to the infallibility of the medical profession in giving opinions. It has been suggested by some lawyer that physicians bury their mistakes six feet under ground; but I am unwilling to admit that such is the case oftener than the legal profession swing their mistakes six feet above ground, the case of Ducovic not excepted.

The *modus operandi* gone through with experts place them in a wrong light. They are looked upon as partisans. "Too often," says Gray (*New York Medical Journal*), "his personal address, his coolness and his adroitness, rather than any exposition of the facts of science offered by him, are all that impress the jury, untrained in the consideration of weighty problems and unacquainted with medical knowledge only through

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the garbled gleanings of a sensational press."

Questions of law are discussed only by those qualified to discuss them. They are brought not to the jury, but to the judge. If not answered to the lawyer's satisfaction, he may appeal to still higher judicial power. No so with the question the medical expert is obliged to discuss in court. The history of our court records many failures of justice in determining medical questions under the present system. Men have been hanged as sane, when experts have testified to their insanity, and post-mortem examinations have proven the correctness of their testimony.

Erickson (Bramwell) suggests that after an examination by both sides that the experts hold a consultation in order that the exact views of all may be known on any and all points. By such procedure all discordant views may be reconciled and a combined opinion arrived at; and, if possible, a conjoint report drawn up and handed to the judge and council, thereby very much simplifying the strictly medical part of the case. If a conference of all the medical men result in such a discrepancy of opinion that no conclusion can be arrived at, the judge should appoint a commission to draw up a report of the defendant's past and present condition and future prospects. This would aid the judge in coming to an opinion on the purely medical or surgical part of the case. Such a commission would be a purely independent one, free from bias. In my opinion all such cases are beyond the province of a jury. It is not for them to comprehend. The proper method would be the selection of medical men by the judge who are known to be men of ability and expert upon the subject in court, to sit with him in an advisory capacity. Such a procedure is not without precedent. In English Admiralty Courts, and sometimes in jury trials, we see it. So common is the custom in Leeds that the medical expert is seldom cross-examined; and, in fact, it is not uncommon to call only one side, so high is the standard of their professional honor and so great their skill.

In our own America is there such a precedent? In the case of Howard J. Schneider of Washington, D. C., for double homicide, sentenced to death, a commission, consisting of Drs. Allan McLane Hamilton, John B. Chapin and C. L. Dana, was appointed by Chief Justice Bingham. The hearing was held before a full bench composed of Chief Justice Bingham and Justices Hagner and Cox, without a jury. This is the only way to get a full, free, expert and seemingly untainted decision. If a cross-examination is permitted the opinion will not be such, but carefully guarded and defensive.

There is a popular feeling that medicine is an uncertain science. In point of fact, there should be no essential disagreement among educated physicians. Differences of opinion may exist, but a conference of qualified physicians will usually reach the reasonable certainty aimed at by the law. Medicine has, to a very great degree, emerged from the period of empiricism to one of reasonable certainty. This fact seems not to have been grasped either by the laity or legal profession, who are slow to comprehend the great scope of modern medicine, and the lengthy and special training required for the mastery of this great science. The law should be changed to meet the advances of modern civilization.

Finally, what is to be done with the homicide after he is found to be insane? What right has a lunatic, an idiot, an epileptic, a paranoiac, even a crank mentally, to cripple his posterity, or to burden society and the commonwealth with his kind? What right have they to marry and intermarry? Heredity, O! morbid and vicious heredity! Through the advances of science, and particularly medical science, the world is coming to see the ravages of heredity and consanguinity. But what is to be done with him? While we should be loyal to all rights sacred to every American citizen, do we not owe something to society? Do we not owe much to society? Then with this great avalanche bearing down upon us let us flee from its path by emasculating them—

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criminals included — and caring for them in our benevolent institutions. Sentiment should have no place in this.

NOTE.—This report having been presented to the Governor, he granted a stay of ninety days in order to allow the Pardon Board to make further investigation. This Board asked the Secretary of the State Board of Lunacy, Dr. Henry M. Wetherill, to investigate our report. Having done so he substantiated us in every particular after several days spent with the prisoner. Upon this the Pardon Board recommended life sentence at Riverside Penitentiary. On January 17, 1895, he had become so crazy (morning paper of January 18), that the prison authorities had to send him to the insane ward in the penitentiary. On May 15 I visited Dixmont and obtained the following history from J. M. Murdoch, one of the medical officers: George Ducovic admitted to that institution from the penitentiary March 12, 1895, handcuffed. He was placed in a strait jacket for about an hour. Since then he has not been under restraint. Possibly two weeks after his admission he seemed very anxious to return to Etna. After a month of confinement he became so persistent in wanting to go to Etna that he was placed in the criminal ward for safe keeping. Dr. Murdoch informed me that there seems to be some one in Etna, possibly one of the remaining eleven conspirators, with whom he seems to desire some kind of settlement, apparently, with violence. In talking with the prisoner I find that he still has his delusions and insists that Dobrozdravic would have killed him but for an opportunity. His delusions are more intensified than when seen at the jail. Could he be at liberty with no untoward surroundings he might lead a moderately quiet life, but were anything to occur to which he might attach delusional importance he would become a very dangerous man.

BURN THE GARBAGE.—The Newport, R. I., *Herald* says: The city's garbage should not be taken out to sea and dumped. It should be burned. The communications recently received by the Board of Aldermen, from the Board of Health and Professor Agassiz, make plain the necessity that exists for relieving the inhabitants of Newport of the unmitigated nuisance that is apparent and the unquestionable danger of disease that lurks in our present method of disposing of the swill accumulations in this city.

However well the contractors may do their work, their way is not the right or the best way to dispose of the offensive stuff. It should be burned. Many people have protested in hopeless silence against the practice of dumping the refuse of the city in the sea. Heavy tides and south winds cannot but wash the unwholesome rubbish into the channel and back upon the shores. The practice is objectionable on more grounds than one. It pollutes the water used by bathers, it is an offense to the sight, it offends the nostrils. Other cities burn their garbage because they have no sea into which to dump it. They have been compelled to solve the garbage problem, and they have solved it. They burn their garbage; Newport should also. Some cities receive an income from the garbage furnaces instead of paying large sums to contractors to carry the stuff away. The garbage of the World's Fair was burned in a furnace that consumed 100 tons a day. Cincinnati, St. Louis and Detroit have garbage furnaces. Bridgeport, Conn., has just made a contract for ten years for the disposal of its refuse. It will, it is stated, deliver not only all the garbage, but also all the tainted fruit and meat seized by the health officers as well as all the dead animals found in the streets. The Board of Health is doing a disagreeable duty, but none the less a bounden duty, in urging a reform in the mode of disposing of the dregs of this city — the present method being a nuisance if only because our water front is made objectionable by reason of the foul air and vile smells that cartloads and scowloads of garbage exhale.

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THE RELATION OF MENSTRUATION TO THE OTHER REPRODUCTIVE FUNCTIONS.

READ BY INVITATION BEFORE THE CHICAGO GYNECOLOGICAL SOCIETY.

By A. W. Johnstone, M. D.,

Cincinnati, Ohio.

MENSTRUATION, which occurs in all erect animals, is simply a shedding of the superficial layers of the endometrium, and is a kindred process to the moult in birds, to the dropping of the horns and hair in the deer tribe, and to the loss of the dermal structures which occurs periodically in so many animals. Because of the superstitions connecting menstruation with the other reproductive functions, I will attempt to throw light upon the chaotic state which still influences our ideas. Menstruation is most often confused with ovulation and "the rut." Ten years ago the general belief was that ovulation was the cause of menstruation. Most of our older authors used the terms synonymously. Many of you are doubtless more familiar than I with the literature of this subject, and you all know how fierce the battle has been. The old idea has been gradually abandoned, and now very few, if any, operative gynecologists believe that they have any relation. The scepticism started by Dr. Sinety has grown, and has induced operators to examine specimens of excised ovaries more carefully, and now no doubt exists that the ovary is active before birth, and continues to form Graafian follicles as long as the woman lives, and that during menstrual life it is probable that no more than four or five ova ripen during the year. These facts are borne out by my experience. My favorate time for operating is on the fifth day after menstruation. During the last nine years I have carefully examined hundreds of pairs of ovaries and have never seen more than a dozen freshly ruptured Graafian follicles. Some may claim that the vast majority of those ovaries were diseased, but I have seen at least fifty pairs of healty ovaries that had been removed to stop the growth of a fibroma, not more than two or three of which contained a ruptured follicle. The percentage is therefore about the same in healthy and diseased ovaries.

In a recent paper by Mr. Walter Heape, of Cambridge, England, he has demonstrated that a similar condition exists in the monkey. We are therefore forced to the conclusion that the rhythm of ovulation is not coincident with that of menstruation, and that their association, whenever it occurs, is accidental and in no way interdependent. They are totally independent functions, both of which are essential to reproduction, and the cessation of either produces sterility. The only connection between them is that if the four or five ova which form during the year happen to ripen near the end of the menstrual cycle, the congestion of the pelvis incident to menstruation so softens the ovary that the follicle is more liable to rupture.

So far as I know, no report of a systematic study of the "rut" has appeared in print. Some centuries ago rut and menstruation were declared identical, and the error has been transmitted without question from one generation to another until the last decade, when some of the more thoughtful minds began to be sceptical and advanced reasons for their disassociation. No one has heretofore systematically studied these functions, and I will therefore have to depend very largely, if not entirely, on my own studies. My belief is that rut and ovulation, in the natural state of the animal, depend more on the nervous system and general health than on anything else, and that menstruation is independent of the other two functions.

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Let us consider the animal in its natural state. Our common American deer is a good subject to study. In the winter time he is half-starved from lack of vegetation in the woods; the low temperature, snow and ice make his conditions of life harder from lack of the proper amount of food, whereby he becomes an easier prey to wolves and other carnivorous animals. The consequence is that he has difficulty even in preserving life. In the spring he sheds his winter coat and is provided with a suit of lighter hair, and while this is going on the male grows antlers for defence. The female about this time is far along in pregnancy, and when the antlers are fully grown she drops the fawn. When the fawns are dropped vegetation is plentiful and lactation sets in. During this time the male is kept fully employed in getting food and guarding his more or less helpless family. As the season advances the vegetation increases and the fawn begins to eat grass. When the heat of summer commences the little streams begin to dry up, and the animal once more has difficulty in supporting life, because of the enervating, the heat, the effect of drought on the vegetation, and the distances which have to be travelled to get water. Fully ten months in each year, therefore, the deer has all he can do to live, without the extra exertion incident to rutting. Soon after the fall rains commence, vegetation becomes more luxuriant, the antlers of the male and new suits of hair for both are fully grown, the heat of the summer is gone, food and drink are plentiful everywhere, the fawns are weaned, and both sexes are in the very finest condition. Then, and then only in the whole year, comes the rut, which to them, like most other animals, means an unwonted amount of physical exercise besides the everyday runs for life from their natural enemies, and an unusual amount of energy is used up. If a doe dislikes the attentions of a special buck, miles and miles of chasing and racing result. If jealous males meet furious battles take place, and the strain on both sexes could not possibly be endured at any other season in the year. With the approach of cold weather the climatic deprivations and winter dangers recommence and the "rut" closes.

In all wild animals the rut occurs only when the climatic and other conditions favor the highest physical development. This law holds good in all wild birds, for it is then only that they can stand the strain incident to love-making. The common crow, blackbird, is a very good type to study. In the winter he travels around the rice fields of the South, leading a tramp's existence in a country foreign to him, and to which he goes only to escape the rigors of the Northern climate. For several weeks in the spring he goes about the fields, gathering up the worms and grubs. After his long flight from the South he experiences several weeks of an almost ideal existence; his food is plentiful, he becomes strong and hearty, and then he turns to thoughts of love.

In the pairing season he does more work than at any other time in the year, which consists in fantastic dances, racing and chasing after the females, and savage fights with rivals. He endures more than would be possible in his ordinary physical state. Then come the care of the young and the long flights for water and food during the drought of the summer. After the moult, autumn finds him once more in flock, and with the first frosts he is off again for the South. In the wild state the "rut" is the cap-stone of perfect physical condition.

The same law obtains in the tropical carnivora; the "rut" comes with them when food is most plentiful.

The law is different in domesticated animals, for their food is plentiful at all times, and as a result of continual high nutrition changes occur in the reproductive functions.

All animals, whether viviparous or oviparous, have a desquamation time, which follows the procreative season. In the deer it occurs in the early spring, after the "rut" is over and the necessity for protection has passed.

The deer sheds his antlers and his hair at the same time. In both wild and domestic animals all the dermal

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structures are renewed at least once each year. This generally occurs in the spring, because the light coat is necessary for the warm and the heavy coat for the cold weather.

In birds the rutting season begins in the spring, and the principal part of the moult occurs in the autumn after the rutting season is over. Some birds, however, have two moults, one in the very early spring before the breeding season begins, when they lose a few of the protecting feathers and in some cases grow most fantastic plumage, which is really a part of the sexual ornamentation and plays quite a rôle in sexual selection. Darwin has emphasized this point and uses it as one of the foundation stones in his classical work on sexual selection. He shows that many birds then get a special nuptial dress and that many queer freaks occur for this purpose. One of the strangest of these is found in the auk, which grows special parts of his bill to be worn only during the rutting season. After the fledglings begin to care for themselves the parent birds begin to lose their feathers, and in a comparatively short time the new dress begins to form. The feathers, however, grow for a long time, which must be when the creature has nothing else to do.

I wish to repeat here that menstruation is only a shedding; that it is a process for getting rid of over-ripe material, which is formed for a special purpose and must be disposed of to make room for newer and stronger material.

In the study of human menstruation it must be remembered that woman is the only animal in which the "rut" is omnipresent. The endometrium of woman is, however, different even from that of the monkey, in the sense that it must always be kept in readiness to receive the ovum. The best authorities say that the monkey generally has but one breeding season each year, though some of them, it is said, have two. This usually occurs in the autumn in monkeys with the longest period of incubation; but in some, in which the gestation is comparatively short, a secondary breeding occurs in the spring. The endometrium consequently does not have to be kept in the rich protoplasmic condition in the monkey as in the human being. I believe this difference is entirely one of development. In the human being nutrition is kept at the highest point all the time, and is not affected by climatic and other conditions which affect the lower animals. Our nervous and circulatory systems are normally always in good condition, and consequently the human female is the only animal always ready for copulation and her endometrium is continuously in a higher state of development than that of any other animal. In order to keep her endometrium in this condition the over-ripe material is frequently thrown off, and this is all menstruation means.

I have intentionally omitted the consideration of menstruation in domestic animals. This I described in a paper which I prepared for the British Gynecological Association in 1887, and which appeared on page 379 of the *British Gynecological Journal* for that year. This paper contained a systematic study of the cycle of the "rut" in the dog. It was extremely interesting to observe the gradual growth of the protoplasm of the endometrium of the dog as the "rut" approached and large masses of rich corpuscular development were formed to receive the ripening ova.

I wish especially to mention at this time that Nature gets rid of that material, when conception is missed, by the lymphatics. The corpuscles undergo granular degeneration, are reabsorbed, swept away through the lymphatics, and used up in the economy. This process is identical in all horizontal animals. The method in erect animals I have already fully described. When an animal becomes domesticated he is fed regularly, his nervous system is always in good condition, and he is thus prepared for more frequent "rut" than when in the wild state. The changes in the endometrium necessary to the reception of the egg require a longer or shorter interval.

Only two papers of value have been written upon the menstruation of monkeys. The first was read by Bland Sut-

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ton before the British Gynecological Society in June, 1886; the second, by Walter Heape, M. A., Balfour Student of the University of Cambridge, was published in the Philosophical Transactions of the Royal Society of London, Form B. 101, 1894, and is the most important paper that has yet appeared on this subject. Heape says that the *Semnopithecus entellus* menstruates with fair regularity, at least five or six times a year. He adduces one of the strongest arguments for the separation of ovulation and menstruation — namely, that although these animals menstruate five, six or more times a year, they have but two breeding seasons. The only criticism I have to offer on his work is that he has not examined the monkey during the rutting season. His description of the endometrium is indentical with my observations on the little girl who was just beginning to menstruate, and on the dog in the mid-interval of the rut. He regards the endometrium as an undifferentiated tissue, lying ready for sudden action, and capable of making immense amounts of protoplasm on short notice. Had he studied it at the time when the uterus must receive the impregnated ovum, I am sure he would have found the protoplasm far more abundant. His description of the shedding of the epithelium coincides exactly with my original paper on the menstrual organ, but is much better presented. The only difference between us, I believe, relates to the method of production of the protoplasm, but he did not observe this structure when it was in the most rapid stage of development.

One of the greatest objections to the acceptation of my idea of menstruation has been Remak's law. Nine years ago, in my paper on the menstrual organ, I stated positively that the epithelium lining the endometrium is reproduced directly from the tissues beneath it, and that it does not always grow from epithelium as we had been taught heretofore to believe. Mr. Heape has beautifully demonstrated the validity of my position, which none can gainsay. I have reproduced several of his drawings, which show accurately the connection between the epithelium and the tissue underneath it.

Twenty years ago, when I was a medical student, Remak's law appeared to me absurd; that the epiblast and the hypoblast exist in continued separation throughout life, that they have a dual existence, and that they are two separate and distinct entities living side by side in the same body throughout life, is undoubtedly a *reductio ad absurdum*. I undertook some original studies in the winter of 1876-1877 to find out how the lymphatic corpuscle is manufactured, and herewith exhibit a drawing enlarged from that which accompanied my first article on the subject. This work was very difficult, as you all know how proverbially hard the immersion lens is to handle. After working one winter I succeeded in establishing beyond a doubt that the granules in the threads of this reticular tissue gradually grow, become full-grown corpuscles, separate from the threads, and float away in the lymph. For two winters subsequently I worked on the same subject with reference to the epithelium, but the idea of karyokinesis so fully dominated my thoughts that my results were not at all satisfactory, though at that time I made a drawing, which I still have in an old sketch-book, showing that the hyaline layer is sometimes extremely granular, and that there are all forms of gradations, from the little granule up to a young epithelial cell, protruding from it into the rete Malpighii. This I first saw in an ordinary section of skin, again in the frog of a colt's foot, and afterward in the matrix of the nail; but the idea of cell division still so strongly possessed me that I was not satisfied, and never understood the correct idea of the reproduction of the epithelium in the adult state until 1886-1887, when, by the study of feather development, I found that the little granules in the hyaline layer gradually grow and protrude into the rete Malpighii until the full-grown epithelial cell of the deep layer is made. The only difference between the epithelial and connective tissue is that at a certain point the undifferentiated protoplasm begins to secrete gluey substance, which

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marks the line between sustentacular and protective tissue. To demonstrate this, my friend, Mr. Walter Berry, a graduate of the Worcester, Mass., Technical School, has made me two drawings, one of the feather papilla in the quiet state—namely, when the plumage is full grown—and the other in the moulting condition, when the young feather is just beginning to extend through the skin. In the first the feather papilla is ordinary mucous tissue, with large nuclei and corpuscles branching in every direction. The feather papilla contains a number of blood-vessels even in the quiet state, because the tissue is so abundant that transudation is not sufficient to nourish it and a better blood supply must be had. In the active state, where plenty of rich protoplasm is necessary, every function is found intensified; the granules in these threads are enlarged and grow until the whole lower part of the papilla is a mass of protoplasm divided up into corpuscles, very closely resembling a lymphatic gland. The black lines higher up are the mature epithelial columns which build up the feather.

Observation of the gradations from the beginning, at the bottom of the feather, up to the columns, will demonstrate the gradations of the neutral protoplasmic corpuscles into the full-grown epithelial cells. This, I believe, illustrates the law of supply for the waste of all epithelial tissues in adult life. The other drawings represent various forms of epithelium. Some of them are copied from Quain's latest edition, which is not yet complete, and show the young cells, which undoubtedly are buds from the sustentacular hyaline layer surrounding each gland. In this group of ciliated epithelium, down next to the hyaline layer, the young cells are just growing away from the hyaline layer. My belief, therefore, is that our ideas of the reproduction of epithelium in adult life must be completely reconstructed. The conditions in adult life are very different from those in embryonal life. In the embryo growth, destruction and repair take place rapidly. In the rapid changes of development from the metazoic age up to the highest development of animals, time is a great desideratum, and it would be impossible to wait for the growth of the cell from a little granule. Karyokinesis is therefore the process used in cell production in the embryo, but in adult life the cell is produced from the granule and is the source of supply for the tissue waste from the wear and tear of every-day life. This method of cell production has not been described before. At the time Remak's law was formulated our ideas as to the condition of the tissues of the body were chaotic, and some such formula as this was necessary to hold back too exuberant ideas and to tie down students until the origin of every organ and every tissue was thoroughly understood. Remak's law has accomplished a purpose, and, like the scaffolding around a building, it must come down after the building is completed, for as long as the law stands the study of the source of the supply for the repair of the tissue waste of the body must remain stationary. Remak's law takes no cognizance of the fact that the mesoblast is made up from both hypoblast and epiblast. A point which has not received enough attention is that the hypoblast undoubtedly makes connective tissue. The epiblast, mesoblast and hypoblast have three great functions.

1. The epiblast makes the sensory apparatus; it has to receive impressions, reason, and issue orders. In order to accomplish this the epiblast must enter very largely into the composition of the skin, and very few realize how much information the skin really imparts. Next to the eye it gives us the most impressions that we receive, and consequently the epiblast must be its principal component. The millions of touch corpuscles and nerves which the skin contains could not develop from the other membranes. The epiblast, if you will allow the simile, is the general to whom all information must come and from whom all orders are issued.

2. The mesoblast forms the muscles, bones and everything that goes to make the locomotive apparatus, and, with slight assistance from the epiblast, it makes all the muscles, bones, connec-

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tive tissue, and the generative and the renal and other excretory organs. The mesoblast, then, is justly compared to the army proper.

3. The hypoblast simply deals with the food that is supplied to it, and is therefore only the commissary department.

By keeping the functions of these three great subdivisions in view all the time in future study, a far clearer understanding would, I believe, be obtained of what these three membranes mean, and how it is possible from this original trinity to form one great whole.

My belief is that the reticular tissue found everywhere in the body has the function of producing protoplasm, and that this protoplasm in turn makes tissue epithelium, bone, or whatever may be needed. After shedding, it manufactures a new set of antlers for the whole stag tribe once every year. The procreation of the race very largely devolves upon it, for it manufactures not only the organs with which impregnation is accomplished, but it goes further and makes the organs of sexual attraction, and in this way is an important factor in the preservation of the race. In a paper before the British Medical Association, in 1889, on "The Sexual Ornaments," I stated "that from the horn of the stag to the beard of the Aryan, the sexual ornaments are only a kindred process to the manufacture of the endometrium."

Summary. — 1. The hyaline layer, with its various modifications, is the matrix of all epithelial tissues, and from it spring all the varied sexual ornaments.

2. The feather papilla, the hair papilla and the endometrium are only local hypertrophies of this same structure for specific purposes, and that only upon the wearing out of this structure does extreme old age appear.

The one great pathological doctrine to draw from this is that we have at last a key to what cirrhosis really is, because the hyaline layer, with all its reduplications in the capsules of secreting organs, can easily, as a result of slight irritation, instead of forming secreting cells, take another course and form connective tissue.

In closing let me express my appreciation of the honor you have conferred upon me, and the pleasure it gives me to lay before you the results of about twenty years of work. I have been led along roads that were not of my own planning, and have, as it were, stumbled upon these conclusions along most unexpected routes. Although many months of my life have been spent in laboratories, the greater portion has been spent at the bedside, in the ward, and in the study of nature in its wild haunts. I am more than ever convinced that the only way to study any subject thoroughly is not in the laboratory alone, and not to work it from the artificial sources forced upon us by civilization, but, like the bacteriologists, to go back to original sources and watch it in its growth and development through all the varied changes up to its mature state. Then, and only then, can we obtain the complete picture of any tissue, structure, or being.

TREATMENT OF HYSTERIA IN THE MALE.—Dr. Dandridge states (*Boston Medical and Surgical Journal*) that it is less frequent than in women, dependent on anemia and want of proper nourishment, and therefore the question of a sufficiency of nourishing food is not so important and so hard a difficulty to meet. In those cases, however, where excessive use of stimulants and anodynes or narcotics have been indulged in, proper feeding is of extreme importance, in order to place the individual in a position to combat the cravings to which he has yielded. Massage, especially in connection with Turkish baths, will often have a happy effect, but prolonged rest in bed is not, in his experience, of frequent benefit. Relief from the anxiety of wearing and anxious duties, combined with prolonged and even severe out-of-door exercise, is more likely to restore the healthy condition of mind and body than anything else. The ability to take refreshing sleep is the first step towards improvement.

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MEDICAL PROGRESS.

WHAT SHALL WE DO WITH THE OLD WELL?—Dr. Harvey B. Bashore of West Fairview, Pennsylvania, says (*Medical News*, September 7): What, then, shall be done with the old wells? We all know that in the absence of a public supply deep tube-wells would be the best remedy. Many, very many, people cannot avail themselves of this source of supply; and the next best thing is to treat these wells after a method devised by Dr. Koch, which is effective, cheap, and greatly lessens the dangers arising from the use of well-water. An iron tube, two or three inches in diameter—with its lower end perforated—is placed in the center of the well, and the surrounding space filled with fine gravel up to the highest point of water level. This is then covered with sand to the top of the well; and a pump attached to the end of the tube makes a very effective tube-well. All water, in passing through the layers of sand and gravel, is effectually filtered, and the nitrifying organisms change the filth into harmless nitrates. A filter bed like this removes, too, from 80 to 90 per cent. of the bacteria, and greatly, very greatly, lessens the danger to which all are subjected who drink shallow well-water.

* * *

TUBAL PREGNANCY OF FOURTEEN MONTHS.—Stiéber (*American Journal of Obstetrics*) says: The patient was married in November, 1891. Menstruation, previously regular, ceased in May, 1892, and later her breasts and abdomen showed the usual signs of pregnancy. In December, 1892, pains in the head and abdomen; breasts became hard, painful and secreted a quantity of milk. This lasted eight days, then fetal movements had ceased. In February, 1893, painful uterine contractions with a small flow of blood and membranes and secretion of milk. The abdomen diminished in size and gradually became hard. In March the menses reappeared, accompanied by pains in the loins and thighs.

On August 20 the patient, a primipara aged 20, entered the clinic. Examination disclosed a median ovoid tumor the size of a fetal head at term, tender, irregular, and of varying consistence, one portion hard, another elastic. Moving the cervix laterally did not disturb the tumor; pressing the latter forward moved the uterus also.

Median laparotomy by Jeannel on August 25 showed an unruptured cyst of the right tube. The tumor was separated from the adhering omentum and opened. It contained a reddish sebaceous magma and a fetus. Total extirpation of the tubal cyst and right ovary, also cystic, followed by rapid recovery.

The right cornu was normal, as was also the insertion of the round ligament into the uterus, not into the wall of the cyst. The excision of the cyst did not open the uterine cavity. These points, and the fact that tubo-interstitial pregnancies have been known to continue until near term without causing rupture, confirm a diagnosis of tubo-interstitial pregnancy lasting fourteen months, with death of the fetus at six months, rather than that of a pregnancy in the uterine cornu. The absence of rupture is explained by the attachment of the placenta to the uterine flank of the infero-lateral wall of the cyst.

* * *

TREATMENT OF TABES.—L. Wolff (*American Medical and Surgical Bulletin*, August 15) has studied three cases of tabes dorsalis, in which the so-called gastric crises were not only the first, but the dominating, symptoms of the disease. There was a constant lack of hydrochloric acid both during the crises and in the intervals between them. In order to lessen the sensibility of the nervous apparatus of the stomach, as well as the entire nervous system, the author recommends nitrate of silver (0.01. gme.—1–6 grn.) and extract of belladonna (0.05 gme.—⅞ grn.) to be given, during the free intervals, an hour before meals. He also recommends galvanization of the spine, neck and abdomen, in sittings of not longer than five minutes, every day or so for several weeks, with tepid baths, at a temperature never below 20 degrees to 22 degrees C. (68 degrees to 72 degrees F.).

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Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, OCTOBER 12, 1895.

Professor Welch on Antitoxin Statistics.

By far the most important recent contribution to the antitoxin treatment of diphtheria is a paper by Professor Welch published in the *Bulletin of the Johns Hopkins Hospital*, for July-August, 1895. Professor Welch is *facile princeps* in the handling of statistics and in this paper he has endeavored to deduce from published records, if possible, a final conclusion one way or the other on the subject. As he truly says, it has become the foremost medical question of the day.

After a brief historical introduction, he takes up the etiological relations of the Löffler bacillus to diphtheria and says that the same arguments may be used against the cholera bacillus, the tubercle bacillus and many others, as are used against this. In his opinion the arguments in favor of the Löffler bacillus are conclusive and there is but one notable opponent of it, Hauseman. "The laboratory does not furnish any more impressive experiments than those which demostrate the power of antitoxic serum to prevent and to cure the disease caused in animals by inoculation with the diphtheria bacillus or its poison. The serum arrests the spread of the local process and abates the symptoms of general toxemia. . . there is no good reason to doubt that under similar circumstances this antagonistie power, so readily and surely and uniformly demonstrable in the case of the lower animals, will manifest itself also in human beings. The only question, and that of course an important one, in this connection is: To what extent the conditions in the treatment of experimental diphtheria by antitoxin are or can be made similar to those in the therapeutic application of the same agent to human diphtheria?" In all essential points the experimental diphtheria in animals is identical with human diphtheria. Professor Welch has thus repeatedly produced spreading pseudo-membranous inflammations resembling those of diphtheria in the trachea of kittens and rabbits. We regret that we cannot follow Professor Welch in his convincing arguments and admirable exposition of the subject in its many details. One point we stop to note: "Our experience in Baltimore has been that not over 5 per cent. of the cases which the clinician would confidently diagnose as diphtheria are false diphtheria or diphtheroid." This applies only to primary diphtheria, not to the secondary form following scarlatina, etc. That bacteriologic diagnosis is not a simple matter appears from the statement that "in some cases repeated painstaking examination, microscopical and cultural, by a skilled bacteriologist, is required for the detection of the bacillus."

We proceed now to the figures. They include 82 reports from 80 different sources containing 7166 cases, and including cases which were examined bacteriologically and others where the diagnosis was only clinical. At least five-sixths of the cases were from hospital practice, and the great bulk from children's hospitals. The mortality was 17.3 per cent. Forty-six of the reports give the mortality previously to the use of antitoxin; this was 42.1 per cent., whereas in the same reports the antitoxin cases showed a mortality of 18.6 per cent. — an apparent reduction of mortality of 55.8 per cent.! The fatality in 18 reports from private practice under the antitoxin treatment was 6.9 per cent. In the tracheotomized cases there was an apparent reduc-

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tion in fatality of 34.1 per cent., and in intubated cases of 49.5 per cent.

The harmlessness of the serum, which has been questioned, has now been demonstrated by over 100,000 injections A few exanthems, annoying but not dangerous, occasionally occur, but there is no satisfactory evidence whatever that death has ever been caused by it.

In the face of such figures can we deny the efficiency of the serum? It would seem that our distrust must vanish before such an array of evidence. Professor Welch considers that he has demonstrated "beyond all reasonable doubt that anti-diphtheric serum is a specific curative agent for diphtheria surpassing in its efficacy all other known methods of treatment for this disease." We cannot but agree with him and regard it as the duty of the physician to use it.

Professor Welch, with just pride, points out that the discovery was entirely the result of laboratory work, every step of which was taken with a definite purpose, and that it was only possible through experiments upon animals.

* * *

The Trained Nurse.

THERE cannot be a question as to the truth of the general statement that a person trained to do a certain thing is more competent for its performance than one who has not had such training. But it may be a question as to whether an individual so trained is more to be desired in every case than another without her qualifications. Training may bring with it some undesirable features, which may unfit its subject for the performance of her work. Of late we have heard much and increasing complaint of the trained nurse, particularly those from a certain institution in this city. It is said that they conceive an exaggerated idea of their knowledge and importance. They have an idea that their education is of a very high order and they imagine that they are much better informed than physicians in general. They are probably influenced to this belief partly by the flattery they receive and by the idea of self-importance which is acquired in the course of their training. This is no fancy feature. We know of an instance where one of these nurses had the effrontery to say to a physician that she had forgotten more than he had ever known, and she persistently disregarded his instructions. Another refused to allow a prescription to be put up which had been ordered by the attending physician, a man of position and experience. They thus undermine the physician's influence with his patients. They even assume to play the rôle of physician themselves and to claim the credit for cures. Worse than this, they are constantly instituting comparisons between the attending physicians and those under whom they have been trained and suggesting Dr. So-and-So as being the one who ought to be called in, etc. So far have matters gone that many physicians now declare that they would not employ one of these nurses under any circumstances and they naturally attribute to all trained nurses the objectionable conduct which seems to be confined to a limited and exclusive circle. We do not wish to appear in this matter as obstructing progress or being hypercritical; but we are satisfied that the evils complained of are real and it is time that steps should be taken to correct them. The nurse should be taught above all things discretion; that she is in all things subordinate to the physician, to carry out his directions, not to usurp his place. And unless the authorities connected with our training schools realize this and act upon it, the cause of the trained nurse will certainly receive a deserved setback and physicians will make it a point to refuse to recommend or employ them.

* * *

Women Drunkards.

The Inspector of Retreats for Inebriate Women in England gives a more hopeful prospect for the reclamation of women drunkards than is usually accepted. In one of the largest institutions, receiving only habitual drunkards, those who have come to utter misery and degradation, it is shown that twenty-five per cent. of the inmates give evidence of permanent recovery. None are considered to have recovered who are known even to have touched stimulants. The system adopted embraces immediate and entire abstinence, regular habits, and constant employment. Experience confirms what has often been proved before, that no harm is done even in the worst cases by sudden and complete abstention. The period of stay is twelve months. The Inspector very properly urges that admission (at present voluntary) should be made compulsory.

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MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 5, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		6
Phthisis Pulmonalis		26
Measles	6	
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria.	13	10
Mumps		
Scarlet fever	8	
Varioloid		
Varicella		
Typhoid fever	8	6

The Massachusetts General Hospital is to have a new pathological building to cost $22,000.

Professor Baillon died suddenly in Paris, July 19, aged 68. He held the Chair of Botany in the Faculty of Medicine.

Dr. A. L. Gihon, Medical Director United States Navy, was retired from service September 28, having reached the age of 62.

Dr. Henry F. Walker of New York has presented his native town, Pittsford, Vermont, with a handsome memorial hall to be used mainly for a library.

In the *Louisville Medical Monthly* for April there is an account of a girl aged 6, with diphtheria, in whom there was a temperature of 115° F. She recovered.

The centenary of the introduction of vaccination into Russia will be celebrated in that country next year. Four prizes will be given for the best works upon vaccination and smallpox.

The Woman's Medical College of Kansas City will open October 15 with a three-year course. The Faculty includes both men and women and expects to draw its students from the south and west.

Sciopedy is a name given by Mr. D'Arcy Power to the case of a girl, aged 5, with congenitally enlarged feet. The enlargement was limited to the anterior part of the feet and was enormous. He hesitated to call it acromegaly.

The first anatomical theatre ever erected was erected at Aquapend in Padua, by Labrizio in 1549, at his own expense, and it was so high and dark that it was necessary to use torches to see the dissections.

A municipal laboratory for bacteriology has been established in the old Lobau barracks in Paris, where analyses of suspected cases of diphtheria are made within twenty-four hours after the materials have been handed in.

It has been decided to build a female erysipelas ward and accommodation for cases needing isolation and additional rooms for the porters at London Hospital as a memorial of the late Sir Andrew Clarke. Already $15,000 has been collected and about one-half as much more is needed.

According to the *Medical News*, at the last examination before the Board of Medical Examiners of Pennsylvania, there were 240 applicants paying $25 each, making $6000. It suggests that the fee be reduced and that successful applicants be not compelled to wait over two months before receiving their licenses.

A case of recovery from tetanus under the use of tetanus antitoxin is reported from Plainfield, New Jersey. The disease resulted from an injury to the head by a fall from a hammock, and at the time the antitoxin was resorted to the case was thought to be hopeless. The patient is now said to be entirely well.

It is reported in *Comptes Rendus* that M. Gourfein has succeeded in separating from the supra-renal capsules a toxic substance which seems to act as a potent depressant, inasmuch as the animals injected with it appear to lose strength and to fall down as if paralyzed, though they are not so, and death speedily follows.

According to Arthur Chamberlin, an absolutely reliable and scientific method of distinguishing precious stones from fraudulent ones, now so numerously manufactured in Paris and elsewhere, has been discovered. This is by testing them for their specific gravity. Dense liquids are required for this purpose; methylene iodide diluted by adding benzine is used for the lighter stones, tourmaline, amethyst, beryl, etc.; for heavier stones, carbuncle, sapphire, ruby and diamond, fused double nitrate of silver and thallium diluted with water is used.

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PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

Week ending September 21, 1895.

Assistant Surgeon C. M. De Valin detached from the "Vermont," ordered home and granted six months' sick leave.

Assistant Surgeon C. F. Bagg ordered to the "Vermont."

Surgeon D. N. Bertolette ordered home and placed on waiting orders when the "Atlanta" goes out of commission.

Passed Assistant Surgeon P. H. Bryant detached from the "Baltimore" and ordered to duty on the "Petrel."

Passed Assistant Surgeon W. F. Arnold detached from the "Petrel" and ordered to special duty in investigating the plague in China and cholera in Japan.

UNITED STATES MARINE SERVICE.

Thirty days ending September 30, 1895.

C. E. Banks, Passed Assistant Surgeon, to proceed from Washington, D. C., to Vineyard Haven, Mass., for temporary duty, September 11, 1895.

A. H. Glennan, Passed Assistant Surgeon, granted leave of absence for five days, September 3, 1895.

C. P. Wertenbaker, Passed Assistant Surgeon, granted leave of absence for three days, September 3, 1895.

E. R. Houghton, Passed Assistant Surgeon, granted leave of absence for twenty-three days, September 12, 1895.

L. E. Cofer, Assistant Surgeon, granted leave of absence for seven days, September 3, 1895.

C. S. D. Fessenden, Surgeon, granted leave of absence for thirty days, September 24, 1895.

P. H. Bailhache, Surgeon, detailed to represent Service at meeting American Public Health Association, September 24, 1895.

J. M. Gassaway, Surgeon, granted leave of absence for one day September 21, 1895, and for 15 days, September 23, 1895.

H. R. Carter, Surgeon, granted leave of absence for one day, September 24, 1895.

S. D. Brooks, Passed Assistant Surgeon, directed to proceed from Chicago, Ill., to St. Louis, Mo., for temporary duty, September 16, 1895.

L. L. Williams, Passed Assistant Surgeon, relieved from temporary duty at South Atlantic Quarantine, and directed to rejoin station at Charleston, S. C., September 19, 1895. Granted leave of absence for 12 days, September 25, 1895.

J. J. Kinyoun, Passed Assistant Surgeon, detailed to represent Service at meeting American Public Health Association, September 24, 1895.

J. B. Stoner, Passed Assistant Surgeon, granted leave of absence for thirty days, September 20, 1895.

M. J. Rosenau, Passed Assistant Surgeon, to proceed from Eagle Pass, Texas, to San Francisco Quarantine Station for temporary duty, September 16, 1895.

L. E. Cofer, Assistant Surgeon, granted leave of absence for thirty days, September 23, 1895.

J. A. Nydegger, Assistant Surgeon, to proceed from Savannah Ga., to Mobile, Ala., for temporary duty, September 16, 1895.

J. H. Oakley, Assistant Surgeon, granted leave of absence for 30 days, September 30, 1895.

BOOK REVIEWS.

GREEN'S PATHOLOGY AND MORBID ANATOMY. Pathology and Morbid Anatomy. By T. Henry Green, M. D., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, London. Seventh American from the eighth and revised English edition. Octavo volume of 595 pp., 224 engravings and a colored plate. Cloth, $2.75. Philadelphia: Lea Brothers & Co., Publishers. 1895.

This work is the recognized standard in English-speaking countries. It has already run through several editions, the present bringing the subject down to the existing condition of the sciences treated through thorough revision and the addition of new chapters. The volume is handsomely illustrated with elegant engravings and colored plates.

REPRINTS, ETC., RECEIVED.

State Boards of Medical Examiners *vs.* Medical Colleges. Reprinted from *Denver Medical Times*, September, 1895.

A Complete Case Recorder in General Medicine and Gynecology. By S. B. Tyon. M. D. A. L. Koursh Co., Publishers, Chicago, Ill.

Perforation in Enteric Fever; Its Surgical Treatment. By Frederick Holme Wiggin, M. D. Reprinted from Proceedings of the Connecticut Medical Society, 1895.

Surgical Clinic Held at St. Mary's Hospital February 10, 1895. By H. O. Walker, M. D., Detroit, Mich. Reprint from *Medical Mirror*, St. Louis, August, 1895.

Pulmonary Hypertrophic Osteo-Arthropathy. By N. S. Davis, Jr., A. M., M. D. Reprinted from the *Journal of the American Medical Association*, 1895.

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CURRENT EDITORIAL COMMENT.

MEDICAL MEN IN LEGISLATURES.

Boston Medical and Surgical Journal.

THERE can be no doubt that there is need of the representation of the medical profession in our legislatures by the right class of men from the highest ranks of the profession. And inasmuch as active participation in legislative work is impossible for the rank and file of the profession, it becomes the duty and privilege of what may be called the medical leisure class to do this work; we mean those of independent means, who are not dependent upon the practice of their profession for their living.

MEDICAL TEMPERANCE.

The Journal.

IN Europe, the philanthropists and reformers are turning to the medical men for help and aid. In this country physicians stand aloof in an attitude of indifference and criticism. This should not be. Every medical man should recognize that the so-called temperance problem, which includes a knowledge of the nature and action on the system, and the question of the causes and remedies of inebriety is a medical question to be settled by physicians. This alcoholic problem is vital in every community, and physicians are the true teachers and they should investigate it in the same way that germ diseases are studied. . . . . We heartily commend the subject as one of the great outlying fields of medicine that must be occupied by practical medical men before its solution can be reached.

SPECIALISM.

Medical News.

BEYOND all question and despite all abuses, the rise of specialism has been the condition of medical progress. How many thousands, nay millions, of people are there today blessed with ocular health and ability to carry on the duties of civilization by reason of the work of Graefe, Helmholtz, Donders, and their followers. Would any of the discoveries in ophthalmology and their applications have been made without the specialist? What has revolutionized surgery but specialism? What is now revolutionizing all medicine but the work of the specialist in bacteriology? Has there been a single great discovery in modern medicine that is not the work of the specialist, or of men who, if living, would today be specialists? Is specialism not the absolute sine qua non of promised discovery in the future?

PUBLISHERS' DEPARTMENT.

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NOTES.

IN infantile diarrhea, stop milk for a few days and use antiseptics and sedatives. The intestine should be cleansed.

*

ASAFETIDA before retiring, in a five gr. pill, will often produce a tranquil and refreshing sleep. It is also useful in delirium and insomnia due to alcohol.

*

IF pain, tenderness, etc., in appendicitis do not abate in 24 to 48 hours (according to Dr. Carpenter of the Philadelphia Polyclinic), after free purgation with Epsom salts, call in a surgeon and operate.

*

FOR chronic diarrhea, Dr. Carpenter of Philadelphia recommends first of all rest, with massage, liquid diet (if milk, examine stools daily to see that it is digested), bismuth, nitrate of silver with extract of belladonna or extract of opium.

*

PROF. KEEN says that one of the most important diagnostic points in fecal obstruction is to give an anesthetic and make pressure over the swelling, when if it be feces the mass can be indented, which indentation will be permanent. Patients who once suffer fecal obstruction are liable to have a recurrence.

*

PROF. BECHTEREW of St. Petersburg claims remarkable results in epilepsy from a combination of adonis vernalis, bromide of potassium and codeine. In not a single case did this combination fail to lessen the number and intensity of the attacks. The adonis constricts the vessels of the brain, he thinks; digitalis does this also but cannot be used so continuously.

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